

**Nowhere to Hide: An Exploration of Adolescent School Children's Fears and Anxieties
in their Communities**

By

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DECLARATION - PLAGIARISM

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Lynn M Norton

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ABSTRACT

In terms of section 28 of the South African Bill of Rights (Constitution, 1996) all children have the right to be cared for and to be protected from harm, including the right not be maltreated, neglected, abused or degraded. Despite this, children living in this country have been found to be "scared everywhere" - in their homes, at school and in their communities. Violence against children is reported as being ubiquitous and beatings and injury are common. Children are also affected by death, disease, violence and injuries in various other ways resulting in fears that are beyond the normal, imaginary ones of an ideal childhood. These myriad sources of fear and a clear link between childhood exposure to adversity and adverse health and social development, necessitates looking broadly at the full range of experiences that can bring distress to children. The purpose of this study was to explore and understand, from a child-centred perspective, what adolescent children in South Africa are most afraid of, at what level their fears are experienced and what children believe could happen to make them feel safer. As part of a broader project this was conducted across three domains: the family, school and community; all of which are regarded as sources of vulnerability for children. The study was theoretically based on an ecological systems perspective so that the complexity of children's fears could be considered in interaction with the individual's environment. The specific focus in this study was on the experience of children's fears in their neighbourhood or community. Study findings indicate that exposure of children to community-based violence in South Africa is extremely high with clear links having been found between exposure to community violence and adversity to an array of distress symptoms. This was a quantitative exploratory study designed to obtain baseline information directly from adolescents so that fear, within a community setting, could be better understood and conceptualised in a South African context. An inductive approach was

used and open-ended questionnaires with a rating scale were administered to a sample of 312 adolescent school children in the North West Province. Data from the open-ended questions were coded and analysed using systematic content analysis. The free-option method used in this study was discussed and compared with previous studies using fear survey schedules, in support of literature which indicates that different results are obtained depending on the type of assessment used. Common fears are discussed and conceptualised in terms of Hobfoll's (1998) Conservation of Resources Theory in an attempt to broaden the conceptualisation of fear and understand child fears in terms of resources that are valued by children who will experience fear or anxiety when those valued resources are threatened. Findings indicated a high level of fear in relation to interpersonal violence and fears affecting the survival of participants. These are discussed in light of research findings relating to the high exposure of children to violence in South African communities and other forms of adversity impacting on South African children in their environments. Solutions proposed by children provided a clear indication of the need for more safety and security within communities, and the need for community involvement with issues relating to child fears. Implications of the study are discussed together with recommendations for further study in support of an ecological perspective looking at all levels of a child's experience.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

All children are sometimes fearful, with fears ranging from the purely imaginative (monsters under the bed) to those that are present because of the real danger they present to the child, for example, the fear of dying. Fear has been well researched and is generally considered an integral part of a child's development, even a healthy and adaptive emotion that warns the individual of potential danger and would therefor aid in avoiding dangerous situations or help with escape (Gullone, 1999; King & Ollendick, 1989). Such fear, which is seen as a necessary part of childhood development, has been termed "normal" childhood fear and is defined as "an adaptive reaction to a real or imagined threat" (Gullone, 1999, p. 91). But what of maladaptive or so-called abnormal fear? Fears may become maladaptive when they continue for long periods of time, are extreme or disproportionate to the stimulus or event, and start to interfere with daily functioning and affect the overall wellbeing of a person (Graziano, DeGiovanni, & Garcia, 1979; King & Ollendick, 1989).

Anxiety, while sometimes used synonymously with fear, is generally seen as a closely related but distinct concept from fear (King & Ollendick, 1989). While fear generally relates to a more "alarm response" to real or perceived danger that is either present or imminent; anxiety is seen more as a "future-oriented mood state associated with preparation for possible, upcoming negative events," involving worry and avoidance (Craske et al., 2009, p. 1067). Excessive anxiety, like fear, can develop into an anxiety disorder if it persists beyond what is considered to be developmentally appropriate and where danger is overestimated or out of proportion when contextual factors are taken into account (American Psychiatric Association,

2013). Anxiety disorders are described in The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) as sharing “features of excessive fear and anxiety related behavioural disturbances,” and, although they differ in relation to their responses, fight and flight (fear) and tension and alert attentiveness in anticipation of a future threat (anxiety); they are seen to obviously overlap (APA, 2013, p. 189).

Fear and anxiety then cannot be fully separated, and may also be viewed along a continuum. As described by Craske et al. (2009), their symptoms are “likely to diverge and converge to varying degrees” (p. 1067). Further, and related to these concepts, children may also suffer stress as a result of their living environment which they perceive to be difficult, exceeding their resources or endangering themselves (Folkman, Lazarus, Gruen, & DeLongis, 1986).

Psychological stress has been viewed as a reaction to a person’s environment when there is a threat of loss, or actual loss, of resources which are valued by the person (Hobfoll, 1989).

What these terms (fear, anxiety, and stress) appear to have in common is that they can either be adaptive (encouraging the person to escape or avoid danger or to protect and gain access to valuable resources); or, when experienced in the extreme are maladaptive and detrimental to the wellbeing of a child, causing psychological distress. They are also reactions to threats (whether real or imagined) and experiences from the environment that have the potential to impact on the wellbeing of the individual. While the overall wellbeing of the child is the aim of the research, these concepts need to be looked at broadly and in interaction with each other, encompassing all adversity experienced by the child.

Further, a full understanding of these concepts demands an exploration of an individual’s fear, anxiety or stress that is influenced by their living environment, especially that which

results from living in a violent or disorganised and unpredictable community, where a child may persistently feel unsafe because of the surrounding adversity. What makes a child fearful, anxious or stressed (*scared*) needs then to be considered holistically in these terms. Is the fear or stress that comes from not knowing when you will get your next meal, of gunshots in the night, or of death and disease of the magnitude experienced by the current HIV/AIDS epidemic in this country, different from normative fears, and do patterns of fear change when children are confronted by such adversity? Exposure to violence, for example, has been found to affect children of all ages (Osofsky, 2005); with an array of negative consequences affecting physical, mental and emotional wellbeing (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010; Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004; Shields, Nadasen, & Pierce, 2008; Ward, Flisher, Zissis, Muller, & Lombard, 2001); leading to adverse social consequences (Barbarin, Richter, & DeWet, 2001; Gopal & Collings, 2013; Ward et al., 2001); and distress including sadness, worry and anxiety (Barbarin et al., 2001). The implications are quite obviously far reaching and would be compounded by further adversity such as poverty and a lack of access to resources needed for wellbeing.

Children in South Africa are affected by death, disease, violence and injuries on a very high scale (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Emotional abuse and neglect of children have also been shown to be prevalent (Jewkes et al., 2010; Seedat et al., 2009); and children living here are exposed to high levels of violence on an ongoing basis (Burton & Leoschut, 2013; Foster, Kuperminc, & Price, 2004; Shields et al., 2008). South African society is also marked by unequal opportunities and poverty which greatly contribute towards violence and child vulnerability (Seedat et al., 2009). These factors in the child's environment cannot be ignored when assessing a child's fears and the full range of adversity that can bring harm and fear to a child. Such adversity may cause fear, anxiety, stress or

discomfort, a measure of which may well be adaptive, but much of which could result in psychological distress for children which negatively affects their social, mental, and emotional wellbeing.

The purpose of this study is to take into account the child's context and to look broadly at the concept of fear, including and interacting with anxiety and stress, and also to look both at and beyond what are generally considered normative fears. This involves exploring children's experiences of fear and anxiety in their communities in an attempt to find out what is really happening, what is making children in South African communities feel scared or upset, and what are the possible solutions.

1.2 Background to the research problem

Issues relating to child fear are considered to be both enormous and complex and this complexity is further increased by a multitude of factors that can play a role and interact with each other, in increasing or moderating the risk of violence and adversity in a child's world (Seedat et al., 2009). Poverty, disease, and the high levels of injury and violence discussed above, are clearly issues that can lead to vulnerability and increased fear in children.

Exploring such fears involves looking at both the individual child and the child's surrounds, including exposure to harm within the family, school, and community settings (Burton, 2006b; Gopal & Collings, 2013). Most, although not all, of the fear literature in a South African context has focussed on normative fears and the assessment of these fears using fear survey schedules to identify common fears (Burkhardt, 2007; Burkhardt, Loxton, Kagee, & Ollendick, 2012). While useful for looking at patterns of fear, there is some doubt that fear measured in this way is able to give a full picture of fears that are actually experienced by children in their daily lives and therefore impact on their behaviour. Much of this work has

been conducted with middle childhood children (7 – 13 years) (Burkhardt 2002; 2003; 2007; Burkhardt & Loxton, 2009; Burkhardt et al., 2012; Zwemstra & Loxton, 2011); and there is very limited work involving adolescent children (13 to 18 years) who may provide a unique and wider perspective (Burkhardt, 2007). In separate studies, there has also been much focus on the impact of children's exposure to violence, including community violence, which has clear distress consequences for children (Barbarin et al., 2001; Foster et al., 2004; Shields et al., 2008). More recent studies have also looked beyond interpersonal violence at other forms of adversity experienced by South African children, such as injury, accidental death, abuse, and neglect (Seedat et al., 2009); and poverty and related hardship (Collings, Penning, & Valjee, 2013a).

The current literature is extremely valuable but most researchers have suggested that there is still much work to be done at various levels in the area of child fears and general child adversity (Barbarin et al., 2001; Burkhardt, 2007; Cluver, Bowes, & Gardner, 2010; Gopal & Collings, 2013; Jewkes et al., 2010; Seedat et al., 2009; Ward et al., 2001); especially in relation to the complexity of child victimisation cycles or what is now known as poly-victimisation (Cluver et al., 2010; Finkelhor, Ormrod, & Turner, 2007a; Finkelhor, Ormrod & Turner, 2007b). This is particularly relevant in a South African setting (Collings et al., 2013a). As a consequence, an ecological perspective is recommended for a full understanding of the complexity surrounding child fears and adversity (Ward, 2007).

Further, there remains no comprehensive or clear conceptualisation of what child fear means in the South African context and how it can be explained in a way that is useful for looking at interventions that could bring about the wellbeing of the child amidst such high levels of violence and adversity. Where the wellbeing of the child is the ultimate goal, an exploration of child fears is required to go beyond the normative, and into the lives of the child and look at the picture holistically in terms of the child, the family, the school and the community.

1.3 Rationale and significance of the study

Further work on child fears is required to:

- more fully understand the complexity of childhood fears in the South African context;
- further explore not only normal childhood fears but also the effect of children's exposure to what could be considered a frightening environment, one with high levels of adversity and danger;
- bridge the gap between so-called normative fear studies and the very real fears that confront children in many South African communities;
- obtain a realistic picture of adolescent childhood fears as experienced by children on a daily basis;
- provide a holistic picture of adolescent childhood fears across the range of their experiences in the home, at school and in their communities; and
- work towards a conceptualisation of childhood fears, that:
 - includes all child adversity, including anxieties and stressors that interact with fears;
 - is both descriptive and explanatory;
 - takes into account contextual factors; and
 - could be used as a base for recommending interventions to assist children in this area.

Such a picture and a clearer conceptualisation of fear can only be obtained by involving the children themselves in the study and asking them directly and openly: *what makes you scared?* The significance of this study is that it is part of a bigger project to explore child fears broadly across the three domains mentioned (family, school, and community). In this sense the study is an integral part of a larger project aimed at looking holistically at child fears. Such an approach is in keeping with an ecological systems perspective which has been

highly recommended when looking at adversity in relation to children. Further, the study uses a free option method to obtain data that is wholly from the perspective of the child and does not place any preconceived notions of what they are likely to fear or should fear in their path. The focus of this study on fears in the community setting is highly relevant as much research has indicated that the organisation of a community will impact on the individuals in that community. Exploring directly a child's fears in relation to their community brings an additional perspective into the larger picture and is integral to understanding individual fears and developing interventions that will not only attempt to "fix" a child but will also consider the impact of the child's environment. This study alone cannot hope to achieve all that is required but is important in offering a base of information and a possible framework for conceptualising childhood fears as a spring board for further research into achieving the aims set out above. It is also hoped that the voices of children participating in this study will be heard and act as a motivation for including children themselves in future research.

1.4 Research objectives and questions

The objectives of this study are:

1. To explore adolescent children's fears and anxieties in/within their communities.
2. To find out directly from adolescent children what their fears and anxieties are.
3. To find out what level of fear and anxiety are experienced by adolescent children in their communities.
4. To find out what adolescent children believe could happen, or what anyone could do, to make them feel safer in their community.

The critical questions to be answered by undertaking this research are:

1. What do adolescent children fear most in their communities?
2. How afraid do they feel in their communities?

3. What do adolescent children believe could happen, or what anyone could do, to make them feel safer in their communities?

1.5 Ethical clearance for the study

Ethical clearance for this study was granted by the University of KwaZulu-Natal (UKZN) Ethics Committee. Further details regarding ethical procedures are set out in Chapter 3, Section 3.3.

1.6 Outline of the study

Chapter 1 is an introduction to the study. It provides a background to the study and a brief overview of research in the area of children's fears. The rationale for the study, the research objectives and questions, and ethical clearance details are provided.

Chapter 2 is a review of the literature. It sets out the theoretical framework of the study and considers child fears and adversity both generally and in a South African context. The effects of a child's community on individual wellbeing is considered. The child-centred approach of the study is discussed and fear assessment methods for children are detailed.

Chapter 3 sets out the research design and methodology. Ethical procedures, sample, research instruments and both data collection and analysis methods are detailed. The reliability and validity of the study are discussed.

Chapter 4 contains the results of the study. This includes a profile of the sample used in the study and participant's responses to the questionnaire. The results are presented in relation to the most common and scariest fears reported by participants, followed by children's proposed solutions.

Chapter 5 is a discussion and analysis of the results. Results are discussed in terms both of the current findings and current literature. Discussion relates to the most common fears found, the level of fears experienced, demographic characteristics and children's proposed solutions.

Chapter 6 concludes with the implications of the study and recommendations for further research.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

“A person’s a person, no matter how small” Dr Seuss

In terms of section 28 of the South African Bill of Rights all children have the right to be cared for and to be protected from harm, including the right not be maltreated, neglected, abused or degraded (Constitution of the Republic of South Africa, 1996). Despite this children living in this country have been found to be "scared everywhere" - in their homes, at school and in their communities (Gopal & Collings, 2013). Violence against children is reported as being "ubiquitous" and, "[b]eatings take place daily or every week. Sticks, belts, or other weapons are used and injury is common" (Seedat et al., 2009, p. 1013). Children are also affected by death, disease, violence and injuries in various other ways: both directly and indirectly, purposefully and accidentally, as witnesses, victims and perpetrators. The presence of danger on a daily basis in many South African settings result in fears that are beyond the normal, imaginary one's of an ideal childhood. Such exposure to danger and hardship clearly violates a child's basic human rights as set out in the South African Constitution (Jewkes et al., 2010). The inability of many children to escape from harm and violence – because there is nowhere to hide, nowhere safe – results in high levels of distress (Shields et al, 2008).

Not only are the rights of children infringed by exposure to adversity (Abrahams & Jewkes, 2005), but it has also clearly been established that there is a link between childhood exposure to adversity (whether physical, emotional or sexual) and adverse health and social development (Jewkes et al., 2010). Research shows that there can be significant negative implications for the mental health of children who have been abused or exposed to violence

(Jewkes et al., 2010; Shields et al., 2008; Ward et al., 2001). Such outcomes include cognitive, psychological, and social impairment; post-traumatic stress disorder; stress, low self-esteem; depression; suicidality; unwanted pregnancy; sexually transmitted infections; alcohol or drug dependency; and other anti-social or violent behaviour including self-destructive behaviour and aggression (Foster et al., 2004; Jewkes et al., 2010; Seedat et al., 2004; Ward et al., 2001). Poor academic performance and other behavioural disorders may also become apparent and can affect the ability of the child to function optimally both academically and socially as he or she grows up (Gopal & Collings, 2013; Ward et al., 2001). Underlying the wide array of adverse effects listed, children will often experience sadness, fear and loss (Barbarin et al., 2001).

Due to the high prevalence of violence in South Africa, much of the focus and research on violence and children has been on interpersonal violence with researchers emphasizing the need for prevention of violence to be viewed as a national public health priority (Seedat et al., 2009). Seedat et al (2009), however, point out that the high injury death rate, although resulting mainly from interpersonal and gender-based violence, is also caused by traffic injuries, self-inflicted injuries and other unintentional injuries, for example, those caused by falls, firearms, fires or drowning. Children are also vulnerable to various forms of sexual abuse, rape, bullying, emotional violence and neglect from parents and caretakers; are often witnesses to violent crime in the community and at home; and a very high percentage (35% in 2009) are orphans, having lost both or one parent (Seedat et al., 2009). A recent South African study indicated that a highly feared event among middle childhood children is "getting HIV" indicating the relevance of considering context and the effect of the HIV/AIDS epidemic in the country when looking at children's fears (Burkhardt, 2007).

Fear has been defined as "a normal reaction to a real or imagined threat" and is considered a central and essential aspect of development (Gullone & King, 1997). Research by Gullone and King (1997) indicates that normative fear generally decreases over time as children grow older. However, it is clear from the above research that many children in South Africa are continually at risk from a wide range of factors (*real fears*), that threaten their safety and wellbeing; and "growing out" of their fears may not be possible considering the context in which they are living. There appear to be a myriad of sources of fear, anxiety and vulnerability for children, and the necessity of looking broadly at the full range of experiences that can bring harm and distress to children in South Africa cannot be overlooked.

This study aims to explore how children conceptualize and understand their own fears, without placing any preconceptions in their path. The purpose of the study is to understand, from a child-centered perspective, what children in South Africa are most afraid of; at what level their fears are experienced, and what children believe could happen, or what anyone could do, to make them feel safer. Research on children has in the past generally focused on children, not from the perspective of the child as a subject with his or her own voice, but rather on children as objects of research without an understanding of their unique experiences (Greene & Hill, 2005). Understanding children is recognized by Greene and Hill (2005) as both a complex and important task and the authors acknowledge that, "for too long we have assumed that children have nothing of interest or importance to tell us about their lives and that we adults understand much better than they what is good for them and how events impact on them" (p. 18). There is a clear indication that in order to understand children it is necessary to understand how they experience their worlds and to recognize the child as a person with his or her own agency and individual voice, just as it is important to

acknowledge that children are not all the same (Christensen & Prout, 2005; Greene & Hill, 2005). This study recognizes the importance of this and the need to hear the voice of children - to find out directly from children about their fears - in the hope of gaining a greater understanding of what they believe their greatest fears are and paving the way for them to be part of a solution.

Understanding children further involves not only an understanding of the child but also the child's family and environment, as well as the interactive processes involved in each shaping the other (Bronfenbrenner, 1997; Garbarino & Sherman, 1980). The approach followed in this study is inductive using an ecological perspective to understand the complexity of children and their fears in a South African context. It is part of a broader study which is aimed at exploring and understanding children's fears and anxieties in three settings: the family, at school and in their communities. The exploration is conducted across the three loci as they are all regarded as sources of vulnerability and fear for children (Gopal & Collings, 2013). The boundaries between the domains are also considered "a lot more permeable than is generally assumed" with much of the violence, for example, from the school being carried over into the community and with pathways to and from schools being considered particularly high risk areas (Gopal & Collings, 2013, p. 9). Travelling to and from school has also been marked as a high risk activity by the National Schools Violence Study (SACE, 2011). Other studies also indicate a high rate of co-occurrence between family and community violence (Garrido, Culhane, Raviv, & Taussig, 2010). It has further been found that the effects of different types of violence, for example whether proximal or political or community related, may differ with the result that children may suffer different forms of distress depending on the type of violence experienced, indicating a need to look more closely at the source or loci of the violence and the mode (Shields, Nadasen, & Pierce, 2009).

The researcher in this particular study focuses specifically on the fears and anxieties of children in their community or neighbourhood. This focus is not meant as an indication that this area is considered by the researcher to be of any more significance than the other areas, but rather as an integral part of a child's overall experience that needs to be explored. The importance of considering community as a domain of interest, is based on research that indicates that the exposure of children to community-based violence is very high (Barbarin & Richter, 1999; Barbarin et al., 2001; Foster et al., 2004; Gopal & Collings, 2013; Shields et al., 2008; Ward et al., 2001). Clear links have also been found between exposure to community violence and an array of distress symptoms including posttraumatic stress, depression, anxiety, dissociation and anger (Barbarin et al., 2001; Foster et al., 2004; Shields et al., 2008).

The overall purpose of this study, then, is to take an exploratory first step to hear directly from South African children what their greatest fears are, and to find out whether they believe that there is anything that can be done to help them in their communities. Although various studies on children and their fears have been conducted in the South African context, this study endeavors to take a different approach. The approach here is both open-ended and inductive and does not rely on previous suppositions, especially regarding the universality of children's fears, in the hope of gaining a better understanding of these fears in a community context.

2.2 Theoretical framework: An ecological perspective

2.2.1 Ecological perspectives and theories

Understanding children's adversity is a complex and complicated issue that has been looked at from various viewpoints. Historically, research on child abuse and neglect have commonly used single factor approaches looking at either individual biography, or social structure, or focusing on a cultural or historical analysis without considering all these factors simultaneously (Garbarino, 1977). What is indicated is an integrated approach incorporating an ecological dynamic relating the individual and family to the community and to other wider systems of influence (Garbarino, 1977). This, in turn, calls for a need to look at the influence of a child's context on the development of the child and, in this case, on his or her fears.

South Africa has its own particular context and history that also needs to be taken into consideration. The influence of both colonialism and apartheid bring with them a unique set of circumstances that continue to negatively affect our country and current levels of inequality and violence. "[H]istorical events can alter the course of human development in either direction, not only for individual, but for large segments of the population" (Bronfenbrenner, 1995, p. 643). This confirms the need to move from a position of individual responsibility and blame for troubles and pathologies to one that will take into account not only the individual, but also the social structure surrounding that individual and the cultural history in which the individual is embedded. To this end it becomes clear that research, interventions and overall wellbeing initiatives need to be viewed conceptually as part of a larger picture rather than as isolated events. "When both clinical and community activities are intermeshed, it becomes conceptually absurd to use two separate models of behaviour, and to separate pathology from normalcy, therapeutic techniques from institutional and community context, treatment from prevention, and the development of

"psychopathology" from the area of human development in general" (O'Connor & Lubin, 1984, pp. 1 – 2).

Ecological perspectives and theories have evolved over time in support of working within the bigger picture, beyond a narrow focus of the individual standing alone, and in an overall more holistic manner. The focus with an ecological approach is to look at a person's development within context and to take into account the environment in which that person lives (Bronfenbrenner, 1997). "Ecological models encompass an evolving body of theory and research concerned with the processes and conditions that govern the lifelong course of human development in the actual environments in which human beings live" (Bronfenbrenner, 1997, p. 37).

These ecological models have developed as a response to a fusion of two opposing conceptual orientations in the field of mental health which historically developed separately: personologism and situationism. An initial mix of these apparently incongruent positions resulted in interactionism which took into account contributions from both the person and the situation and added a third dimension – their interaction or the relationship between the two. This led to the development of the ecosystemic perspective (Jasnoski, 1984). The focus of this perspective is based on looking at "the ways in which humans maintain themselves in continually changing, yet restricted surroundings" (Jasnoski, 1984, p. 43). The human is seen to function within a structural framework - schema's or levels, that are conceptualised as different levels of functioning within an overall ecosystem (Jasnoski, 1984).

An ecosystemic perspective views mental health as "a relationship between person and system that maximises the functioning of both" (O'Connor & Lubin, 1984, p. 3). What is

considered important is to look at the balance (or imbalance) between the system and what the occupant of the system needs (O'Connor & Lubin, 1984). An ecological approach offers a comprehensive perspective that does not view either the individual as the primary agent without consideration of the environment nor as a mere puppet of the social system, but rather holds the view that "both the individual and the environment can exert powerful influences" which are interactive (O'Connor & Lubin, 1984, p. 3). The significance of ecological models is believed to lie in the recognition of the "interactiveness" of these influences and that behaviour is viewed as both "being affected by, and affecting the social environment" (McLeroy, Bibeau, Steckler, & Glanz, 1988, p. 355).

Various models divide the person's environment into different levels of influence allowing for investigation of various social factors which have an impact on the person (McLeroy et al., 1988). Different theorists have conceptualised these structural frameworks in different ways, but the common thread appears to be the recognition of different spheres of influence in the socio-political environment which once again urges investigators and researchers to look at a holistic, larger picture in any analysis of human development. Past developmental approaches are considered narrow, resulting often in consideration only of a study of the individual's cognitive and emotional states without a focus on wider contextual social and political issues (Prilleltensky, Nelson, & Peirson, 2001). "[D]evelopmental psychology, like most of psychology, tends to either ignore the socio-political realities that contextualise human development, or assume that competent individuals can overcome these realities" (Wiley & Rappaport, 2000, as cited in Prilleltensky et al., 2001, p.144).

2.2.2 Bronfenbrenner's Bioecological Model.

Although ecological system's theory is based on many years of investigations and research from a variety of disciplines, a majority of the systematic theory-building in the ecological

systemic domain was carried out by Urie Bronfenbrenner (Bronfenbrenner, 1997).

Bronfenbrenner's work is relevant to this study as it involves the development of a theoretical model "for investigating the role of the environment in shaping human development through the life course" (Bronfenbrenner, 1999, p. 4). This model enables the individual child and his or her fears to be viewed in light of the surrounding environment and the interactive systems which both affect and are affected by the child. Bronfenbrenner's ecological paradigm was first introduced in the 1970s in reaction to what he considered to be the restrictive nature and scope of research being conducted by developmental psychologists at the time which did not taken into account what he terms "real-life settings" (Bronfenbrenner, 1997, p. 38). He later also added new elements to his original ecological model, developing a more dynamic and complex structure which he then referred to as the bioecological model (Bronfenbrenner, 1999).

Bronfenbrenner's model is based on two general propositions. The first of these proposes that child development takes place through reciprocal interaction processes between the evolving child and the persons, objects, and symbols in his or her immediate environment. These interactions, taking place in the person's immediate environment, are referred to as "proximal processes" and examples would include parent-child or child-child interactions (Bronfenbrenner, 1995; 1997, p. 38). The second proposition states that these proximal processes which affect the development of the child vary depending on the characteristics of the child, the child's overall environment, and the nature of the developmental outcomes (Bronfenbrenner, 1995, 1997). As a research design, this is referred to as a *process-person-context-time (PPCT) model* (Bronfenbrenner, 1995); an expansion of the *person-context model* and supporting Bronfenbrenner's view regarding the distinction between the concepts of environment and process (Bronfenbrenner, 1999) and the importance of the consideration

of the impact of time and timing in relation to the environment (Bronfenbrenner, 1995). The reciprocal interactive processes that take place between the elements of the model indicate that, "the characteristics of the person are both a producer and a product of development" (Bronfenbrenner, 1999, p. 5).

A distinctive feature of Bronfennbrenner's ecological model encompasses his view of the ecological environment as a set of "nested structures," likened to a set of Russian dolls, with each structure inside the other and moving out from the innermost, immediate environment or level to the outer levels (Bronfenbrenner, 1997, p. 39). The structures include: microsystems (the immediate environment for example, family, school, peers); mesosystems (links and processes between two or more settings, for example, between home and school); exosystems (links and processes between two or more settings where one does not contain the developing child, for example, between home and parent's workplace); macrosystems (the general pattern of micro-, meso-, and exosystems characteristic of a particular culture); and chronosystems (which encompasses change over time in the characteristics of the child and of the environment) (Bronfenbrenner, 1997).

A useful variation of Bronfennbrenner's ecological model used for the purposes of health promotion interventions is set out by McLeroy et al. (1988). In terms of this model the behaviour of a person is determined by: intrapersonal factors (characteristics of the individual); interpersonal processes and primary groups (social support systems), institutional factors (social institutions), community factors, and public policy (McLeroy et al., 1988, p. 355). These models and the various factors influencing child development will be drawn on in discussing children's fears in a South African setting.

2.2.3 This study: Why an ecological perspective?

A child then is encircled by spheres of influence and is the centre of a multitude of complex and reciprocal relationships and interactions; all of which influence each other – and the child's wellbeing. Because of this complexity an ecological model is used as a framework to examine children's fears within the context of their environments - looking specifically at the three domains already mentioned: the family, school, and community which exist within the various levels advocated by an ecological perspective. The multiplicity of factors involved in understanding children's fears makes the use of such a model essential. The relationship between children and fear cannot be viewed in isolation and effects and interaction within the child's environments, including historical context, require consideration.

Various studies involving children and adversity have also favoured an ecological approach. Child abuse is a clear example of this. As Garbarino (1977) points out, child abuse is now recognised as the result of a "confluence of forces" and the task of understanding abuse is therefore posited as compatible with an ecological model (p. 723). Rather than viewing abusers narrowly as necessarily deviant and different from so-called "normal" caregivers; an ecological approach allows for the study of the necessary conditions for child abuse by looking not only at the individual but also at the role of the macro- and meso-systems, including issues such as inadequate social support and cultural justification for the use of force (Garbarino, 1977). This in turn allows for research from a broader perspective and the development of interventions and policy at various levels, and emphasises the important role communities have to play "in changing the cultural foundations for abuse" (Garbarino, 1977, p. 731).

Research on resilience in children has also illustrated the contextual nature of wellness and the importance of considering family, community, and societal levels as necessary structures of support – simply put, family support is needed for the emotional support of children; while support at the community and social levels is needed to help the family cope in cases of adversity and also affects opportunities to access resources (Prilleltensky et al., 2001).

Prilleltensky et al. (2001) are further of the view that clinical and community interventions should no longer be viewed in isolation; and, as they should be considered inseparable, interventions developed for individuals need to draw on the strengths of their communities for support with the objective being "to create communities where resources facilitate personal power and control" (p. 151).

Ward (2007) also stresses the importance of viewing children "as growing up within an ecology of contexts" (p. 12) using an ecosystemic model to more fully describe the environments in which children grow and develop, as a basis from which to identify both the risks that children are exposed to (for example, poverty) and the protective factors that affect their behaviour and development (for example, positive parent-child relationships). The key element that is stressed here is the connection between all the layers and how each affect the other and the whole; and the importance of not viewing any of them in isolation (Ward, 2007).

Studies on poly-victimisation which are discussed below also indicate the need to look at multiple factors affecting victimisation and the interrelationships among victimisations over time - both at an individual and environmental level (Finkelhor et al., 20007b). This suggests the need for "a more holistic approach to child victimisation" and one that would increase our understanding of "the sequences or pathways that lead to victimisation vulnerability"

(Finkelhor et al., 2007a, p. 23). Such holistic approaches could more realistically be followed using an ecological model; looking at the range of influences and risks that could possibly play a part in the patterns of victimisation that occur. An ecological model has also been used to represent the complexity of violence at various levels and has been recommended as a framework for the prevention of violence; enabling programmes that prevent violence "to act across several different levels at the same time" (Krug, Mercy, Dahlberg, & Zwi, 2002, p. 1085).

In a review of the literature on ecological influences resulting in child maltreatment, Zielinski and Bradshaw (2013) sum up the position as follows: "An ecological model has been posited as the most appropriate framework for understanding the heterogeneity in maltreatment sequelae because it takes into account the interaction of multiple factors across numerous contexts" (p. 50). In their review of the literature the authors highlight the complexity of child maltreatment and the relationships between its occurrence and effects at multiple levels – the child, family, school and community. The benefit of using an ecological model then is that the various levels depicted in the models will allow for the development of more appropriate forms of interventions with the different levels reflecting the range of strategies that are required and an overall more holistic approach (McLeroy et al., 1988; Prilleltensky et al., 2001). An ecological approach, as followed in this project, will assist in looking at the possibility of developing interventions at the individual, family, school and community level, based on suggestions and solutions offered by children in the study.

Making use of an ecological model does, however, present challenges for the single investigator as the number of criteria that arise within the various levels and that have the potential to influence the analysis of a particular investigation can prove impossible to

explore in one study. For this reason it has been suggested that cooperative research programmes would be beneficial (Garbarino, 1977). As noted, the present study is part of such a cooperative programme with the aim of presenting a wider perspective in our exploration of children's fears on three levels – family, school and in the community. While the intention is not to underplay the effects of any of these levels or factors; focus in this paper will be on the links and processes between the outer levels and the effect of community on the inner microsystem (family and child) as further exemplified below in the discussion on "community."

2.3 Children: Fears and adversity

2.3.1 Who is a child?

A child is generally recognised as a person below the age of 18 years (African Charter on the Rights and Welfare of the Child, 1999; Children's Act No. 38 of 2005; Constitution of the Republic of South Africa, 1996). The focus in this study is on adolescent school children aged between 13 and 18 years; and references to children will in the main relate to this age group although at times a wider application may be inferred particularly in relation to the rights of children and the use of studies with a focus on younger children which are considered relevant.

This age group, also referred to as adolescence, presents with particular cognitive, emotional and social developmental levels that need to be accounted for. According to Erikson's psychosocial growth stages, adolescence is a time of transition; a movement from childhood to adulthood with a focal point being on the development of the child's identity and life's meaning which can often result in role confusion (Corey, 2009). Adolescence is also marked by "dramatic physical growth and physiological changes" which are combined with "many

individual, cognitive, social and contextual transitions” (Smetana, Campione-Barr, & Metzger, 2006, p. 256). Additionally, adolescents have a unique way of thinking and viewing the world. Papalia and Olds (1988) discuss David Elkind’s views of adolescent egocentrism and cognitive function pointing out that adolescents are highly self-conscious and self-centred. It is factors such as these that need to be considered when placing and studying the child in the context of their fears. The age of a child has been found to affect how a child responds to fear and adversity and the consequences of this will need to be considered. [This is examined more extensively below in the discussion regarding fears experienced in childhood in relation to age (section 2.3.3).]

In the South African literature much focus has been on middle childhood children (age 7 – 13 years) (Burkhardt 2002; 2003; 2007; Burkhardt & Loxton, 2009; Burkhardt et al., 2012; Zwemstra & Loxton, 2011). Little focus has been on adolescent children and it has been suggested that exploring this age group would broaden the picture already gained from previous work exploring fears among younger children (Burkhardt, 2007).

2.3.2 Rights and realities

Children in South Africa live in a country with one of the most progressive Constitutions in the world and a Bill of Rights that is intended to provide a protective framework and a shelter from abuse; however, the reality is that children in this country are not safe and have much to fear.

The first binding instrument in international law dealing with the rights of children is the United Nations Convention on the Rights of the Child (CRC). The CRC was adopted by the United Nations in 1989 and took effect in September 1990. It specifically states in Article 4:

"Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled" (UNICEF, 1989). The rights of children are also protected in terms of the African Charter on the Rights and Welfare of Children ("African Charter") which came into force in November 1999. The African Charter places a responsibility on all member states to take "specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse" (Article 16); as well as providing for various rights of the child including the right of every child to have "the right to enjoy the best attainable standard of physical, mental and spiritual health" (Article 14).

South Africa has ratified both the CRC and the African Charter and, as already stated, children in South Africa also have the right to be protected from harm in terms of the South African Bill of Rights (Constitution of the Republic of South Africa, 1996). This means that the South African government is legally obliged to implement the provisions set out in these charters and to monitor progress to ensure that the rights of its children are upheld (Rama, 2000). This has been partly achieved through the implementation of the Children's Act (38 of 2005 as amended) which aims to give effect to the rights of children as set out in the Constitution and the international charters and provides for matters relating to the care and protection of children. The implementation of the Child Justice Act (75 of 2008) has also been enacted to provide for a separate justice system for children. It is still, however, important to consider whether these laws are being properly implemented, whether they are effective and whether the government is upholding its legal obligations in terms of the charters and our legislation.

There has been a strong call for a "systematic approach to monitoring the implementation of these rights at a national, provincial, local, district and community level" indicating the need for the establishment of a monitoring body or mechanism in South Africa (Rama, 2000, p. 3). What was envisaged by the National Programme of Action Steering Committee (NPASC) was the establishment of a child-centred database – the Child Information System – as a tool for monitoring, evaluation, research, advocacy, mobilisation and policy review (Rama, 2000). In 2000 it was reported that the current system was insufficient to achieve the goals set out in the charters (Rama, 2000). It appears that no further direct progress has been made in this regard and although there are various national policy frameworks that have been established to provide support for vulnerable children in South Africa these do not fall within a single government department nor has a single database been established. In relation to violence and injury, Seedat et al (2009) are also of the opinion that "the government has not acted in concert with its recognition of violence and injury as public health challenges. There is no visible, coordinated, and inclusive intersectoral government facilitated management team to develop policy and stimulate responses" (p. 1018). The authors therefore call for a more systematic approach to monitoring and assessment in support of interventions relating to violence and injury in South Africa. It would appear that coordinated approaches are necessary in respect of both children and violence and injury.

Although government response to the crisis involving children and violence in South Africa is detailed further below, this study does not intend to fully review the work that has been done in support of vulnerable children in South Africa or any progress that has been made. However, it is important to note the complications involved in assessing how far the needs of children are being properly met, and the ensuing difficulties in planning interventions,

without a centralised monitoring and systematic child-centred information system, and without a coordinated response to the crisis surrounding children in our country.

While it is clear that there is a structured legal framework which should, theoretically, ensure that the children of South Africa are protected from harm and that their best interests are advanced in all spheres of their development; there are still high levels of violence, abuse and neglect of South African children. There are a range of causes for this apart from the apparent lack of systematic legal enforcement, monitoring and evaluation - including historical reasons and on-going socioeconomic inequalities that will be discussed below. However, the position remains that despite a clear legislative framework and specific obligation for its advancement being placed on and accepted by the State, children in South Africa are harmed on a daily basis. The law on its own does not provide adequate protection against the myriad of factors that affect children in our country.

These realities are indicated in the figures both globally and locally showing high levels of violence and child abuse. Globally the concern over high levels of violence is reflected in the following statement in the 2006 World Report on Violence Against Children:

“documentation of the magnitude and impact of violence against children shows clearly that this is a very substantial and serious global problem” (Pinheiro, 2006). Figures from this report indicate shocking statistics including the World Health Organisation estimate that in 2002, 53,000 child deaths were homicides; and that an estimated 73 million boys and 150 million girls have experienced various forms of sexual violence (Pinheiro, 2006). South Africa itself experiences extraordinary high levels of violence, injury and disease with the overall injury rate in this country being nearly double the global average (Seedat et al., 2009, p. 1011). This appears to be the case in both rural and urban settings. Jewkes et al (2010)

point to the high percentage of rural South African children who are subject to multiple forms of adversity and indicate particularly a high prevalence of emotional abuse and neglect which impacts the health of both boys and girls. They are of the view that: "Exposure of children to adverse experiences is very common and has been a highly neglected area of research in Africa" (p.840). In a smaller study of urban students in Cape Town, it was also found that while most of the children felt an overall sense of safety, most had been exposed to at least one type of violence, whether as victim or witness, indicating that levels of violence are still too high and place children at risk of developing mental health difficulties (Ward et al., 2001).

Seedat et al. (2009) stress the significance of the extent of neglect and abuse of children in South Africa by pointing out that neglect and abuse, together with exposure to rape and intimate partner violence, "are risk factors for the country's most prevalent and serious health problems, including HIV and sexually transmitted infections, substance misuse, and common mental disorders, such as post-traumatic stress disorder, depression, and suicidality" (p.1011). Other studies also highlight that this country's children have been found to be particularly vulnerable and at risk of violence – at home, at schools and in the community (Burton, 2006b; Gopal & Collings, 2013). This is supported by findings from the 2005 National Youth Victimization Study which highlights that the youth are twice as likely to be victims of violence and crime as adults and that in a 12 month period between 2004 and 2005 over 41.5% of South African children were victims of crime or violence (Burton, 2006b). Despite these astounding figures, Burton (2006a) points out that, "other than the occasional sensationalised report in the media on child rapes and murders or attacks in schools, there is a dearth of accurate data on crimes against children and young people in South Africa" (p. 1).

2.3.3 Childhood fears: Real or imagined?

"In its simplest form, fear is the feeling or condition of being afraid when exposed to real or imagined threatening stimuli" (King & Ollendick, 1989). As already noted in the introduction, fear is generally perceived as a normal response to such a threat; something that is both common and a normal part of development (Elbedour, Shulman, & Kedem, 1997; Gullone & King, 1997; Muris, Merckelbach, Mayer, & Prins, 2000). Fear is therefore considered adaptive as it warns the individual of danger, aiding avoidance or escape (Gullone, 1999). Although such fears may be considered common or "normal" what is considered to be problematic is that it is still unclear just how serious fears are for particular individual children and the extent of the impact these have on behaviour and daily functioning (Muris et al., 2000). While fear can serve positively as an adaptive function for caution in the presence of danger; it can also become problematic if it is experienced persistently or excessively; negatively affecting the wellbeing of the person and possibly developing into a phobia (Graziano et al., 1979; King & Ollendick, 1989).

According to the literature on normative fears, general patterns have been identified in the number and types of fears in children according to their developmental age. For example, younger children seem to have fears of imaginary animals and the dark; early school going children start to exhibit social fears; and adolescents commonly have fears relating to social anxiety, injury and natural events (Elbedour et al., 1997). Overall, it is generally considered that as children develop, the content of their fears change from being largely imaginary to being more realistic, based largely on the child's increased cognitive ability for more fully understanding the potential danger of certain events (Burkhardt, 2007). In later years more global fears relating to political or economic concerns may also appear (Gullone, 1999). In looking at an overall summary of the fear literature, Gullone (1999) however, also reports

that certain fears, for example those relating to death and danger, appear to be common from early childhood to late adolescence. Fears relating to psychic stress and medical situations also appeared to actually increase over time (Gullone & King, 1997).

Generally, however, studies have indicated that there is an overall decrease in the number of fears as children grow and mature (Elbedour et al., 1997; Gullone, 1999; Gullone & King, 1997); although this has not always been found to be the case (Gullone, 1999; Kushnir & Sadeh, 2010). In a study looking at fears in America, Australia, China and Nigeria it was found that younger children reported more, and a higher level of, fears than their older counterparts but only for American and Australian children. However, Chinese children aged 11 to 13 years reported higher fears than those between 7 and 10 years and older adolescents; while Nigerian children reported similar numbers and levels of fear regardless of age (Ollendick, Yang, King, Dong, & Akande, 1996). Ollendick et al. (1996) cite cultural differences as possible reasons for this and Gullone (1999) points to difficulties relating to the definition of intensity of fear across studies as another possible reason for inconsistencies that have arisen in the literature. Further, although fearfulness may generally decrease with age, it appears that fears experienced in the later years are of a more enduring nature (Gullone & King, 1997).

Support for the view that the number of normative fears decline with increased age can be found in South African studies (Burkhardt & Loxton, 2008). However, South African studies that have looked at the effects of age in relation specifically to violence and distress have come to different conclusions. In a study by Foster et al. (2004), looking at 11 to 16 year olds, it was found that age had a negative effect on distress with older children witnessing more violence but reporting fewer symptoms of distress. However, in the Shields et al.

(2008) study dealing with younger children aged 8 to 13 years, few effects relating to age were found; but when age did have an effect, it was found to be related to distress. A possible explanation given by the researchers is that the effect of age on distress may not be linear at all and children may experience “peaks” of exposure or what the researchers term an "exposure accumulation" effect with older children being exposed to more violence (Shields et al., 2008, p. 599). Graziano et al. (1979) summarise the position as follows: “... as children grow older, their fear patterns change, but not in simple linear relation with age. Some fear stimuli remain operative, other lose their value, and some new ones emerge” (p. 809). This would indicate the need to look beyond just the "normal" developmental responses that a child would generally experience in regard to violence and fear and confirms the importance of assessing a child in the context of their communities.

Various studies have also looked at the effect of gender on fear and violence also with differing results. Although some studies have indicated that girls are more fearful of certain types of stimuli (such as the dark, being killed or animals); other studies have reported boys as more fearful of other types of stimuli (such as bodily injury, school or failure); leaving the differences in fear content according to sex much less clear even than for age (Gullone, 1999). While many studies have found that girls experience more fear (Burkhardt, 2003; Burkhardt 2007; Burkhardt & Loxton, 2008; Burkhardt, et al., 2012) and psychological distress (Foster et al., 2004) than boys; a study by Shields et al. (2008) showed no significant differences between girls and boys; with the researchers attributing this to the possibility of differences occurring amongst older children or to the “extremely high levels of community violence” in the area of study (p. 599). Barbarin et al. (2001) also found the effects of violence on academic and psychological functioning to be independent of gender. More specifically, the findings by Foster et al. (2004) revealed, while there were no significant

gender differences regarding exposure levels of violence (possibly due to the small sample), girls were found to have higher levels of depression, anxiety and posttraumatic stress symptoms than boys; a possible reason being that these are considered “internalising” types of symptoms which have generally been found to be more common in girls (p. 67). Further, girls’ exposure to witnessing violence and being a victim were similar; while boys experienced more negative symptoms with actual victimisation (Foster et al., 2004). This could be attributed to the way in which girls and boys are socialised; and as such requires consideration. The study by Ollendick et al. (1996) across several countries found that girls reported more fears than boys and at a higher level in America, Australia and China; while differences between boys and girls were shown to be not significant in Nigeria; pointing once again to possible cultural differences.

Socioeconomic status (SES) has also been considered as a variable affecting fear content and frequency with children of lower SES displaying differences in fear content and reporting a higher number of fears than middle or upper SES children (Graziano et al., 1979; Gullone, 1999). Gullone (1999) reports that children with a low SES background tend to report fears reflecting their more hostile environments such as death, violence, abandonment, and policemen. Other studies have also reported that children of lower SES experience more frequent and more intense fears than those in high SES with the most feared items being associated with death, danger and physical injury (Owen, 1998). In a South African context, Burkhardt (2003) found that low SES children reported more fears than children from higher SES in a group of middle childhood participants; although she did indicate that a degree of cautiousness regarding her results was necessary as other factors, such as place of residence, may also play a role (Burkhardt, 2003; Burkhardt, 2007). Suggestions are that children living in lower SES environments therefore consider their communities to be dangerous and unsafe

places. Gullone (1999) states that such fears suggest “an immediacy and reality basis for the reported fears of lower SES children” (p. 102); confirming the importance of considering the child’s living environment.

The above studies indicate the importance of considering not only the developmental age, gender, and living environment of the child in relation to their fears but also the child's overall context. "Children's fears reflect something of their understanding of the world and their place in it" (Elbedour et al., 1997, p. 491). So, for example, a study in Australia has shown that urban children exhibited more fears than rural children (King et al., 1989, in Elbedour et al., 1997). A study analysing the fears between Jewish and Bedouin children in Israel indicated consistent differences in the intensity and types of fears revealed by the children which, it was suggested by the researchers, could be ascribed to the differences in culture (autonomous versus collective) between the two groups (Elbedour et al., 1997). Differences in childhood fears have also been found across countries (America, Australia, China and Nigeria) with differences between cultures again offered as a possible explanation (Ollendick et al., 1996).

Differences in fear levels and content of fears have also been found between different cultural groups in South Africa (Burkhardt, Loxton, & Muris, 2003). In studies by Burkhardt (2003; 2007) and Burkhardt et al., (2012) it was found that black children experienced the highest number of fears, followed by coloured children, with white children reporting the lowest level and number of fears; although patterns of fear were fairly similar for all groups. A later South African study examining the origins of common childhood fears came to similar conclusions. Although most children did not know how their fears had begun, many of them reported on related learning experiences leading the researchers to conclude that:

"[s]ignificant cultural differences were not only observed in the prevalence of common fears, but also in the pathways reported for the origins of fears" (Muris, du Plessis, & Loxton, 2008, p. 1510). This study found significant differences in the content, severity and origin of fears among black, white and coloured children living in South Africa. Possible explanations for these differences and the more severe experience of fear by black children given by the researchers included taking into account the effects of apartheid and the continued poverty and violence which many black children are subjected to, resulting in higher levels of stress, fear and anxiety. This is supported by Burkhardt (2007) who also makes reference to the severe disparities and inequalities still apparent between different cultural groups in South Africa as an ongoing consequence of apartheid. Variations in a child's environment and living conditions must therefore be considered when looking at children's fears and their effects (Muris et al., 2008).

In a study designed to develop an instrument assessing fear relevant to the South African context and based on Ollendick's existing Fear Survey Schedule for Children-Revised (FSSC-R), Burkhardt (2007) and Burkhardt et al. (2012) found it necessary to add items to the schedule reflecting the societal context. Overall, Burkhardt (2007) concludes: "The ten most common fears indicate that fears are to a certain extent universal but that some fears also reflect the context in which a child lives. Furthermore the added items also featured among the most fear eliciting items suggesting that these items reflect the societal concerns, issues and fears of South African children" (p. 1). In a 2011 study on fears and children affected by HIV/AIDS based in South Africa it was found that some of the specific fears of the participating children related directly to their personal circumstances. Examples cited included fear of "hooligans" and "car accidents" for children living in a community with high crime and unsafe transport. The researchers sum up this point as follows: "This implies that

the South African context confronts all our children with unique challenges that may result in the development of particular fears" (Zwemstra & Loxton, 2011, p. 862).

In considering the South African context, and in keeping with an ecological perspective, various factors affecting the child then need to be considered. The prevalence of poverty and violence noted above and the many insecurities faced by South African children means that it is important not only to consider the usual childhood fears (monsters and spiders); but also to take cognisance of the real fears that are present in their lives and in their communities.

Looking at fears in regard to adolescent school children, it is intended not just to consider what are referred to as "normal" childhood fears but to explore the full range of things that children may find scary or upsetting. This would include both imaginary childhood fears and so-called real fears and dangers that are present in the child's world. In exploring what makes children scared or upset it is then relevant to consider the general adversity surrounding children in South Africa and this study will look more widely and in more detail at the conditions in South African communities that could affect the development and fear patterns of children living in adverse conditions. This will include looking at the factors that make children more vulnerable to harm and potentially increase their fears and anxieties.

Although all children are vulnerable due to their age and need for care; some children are considered to be particularly vulnerable and in need of protection arising from the political, social, and economic conditions under which they live (Martin, 2010). The Department of Social Development has provided the following definition of vulnerable children: "[a] child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights" (Policy Framework on Orphans and Other Children made vulnerable by HIV and AIDS in

South Africa, Definitions, 2005). The following are just some of the factors that are recognised as contributing to the vulnerability of children: age, poverty, disability, living with chronic illness, conflict with the law, living on the streets, abandonment, and children who are undocumented minors or refugees, orphans, or who are affected by HIV/AIDS (Martin, 2010). These factors will form part of the exploration of children's fears especially in consideration of their communities as a domain of interest.

Although the focus so far has been particularly on children's "fears," it is also relevant to briefly consider the term "anxiety" which has in cases been used interchangeably with the term "fear" but which is generally presented in the literature as a distinct concept (Kushnir & Sadeh, 2010). In contrast to the definition of fear given above by King and Ollendick (1989), Kushnir and Sadeh (2010) describe anxiety as "an aversive or unpleasant state involving subjective apprehension and physiological arousal of a diffuse nature" (p. 431). Despite these differences, fear and anxiety are closely related and cannot be looked at in isolation as both affect the wellbeing of the child. Further, the focus in this study is to find out from children what makes them scared, anxious or upset – whether such are "normal" reactions; or anxieties and fears that are not necessarily age-appropriate and may be telling of the individual state of the child and/or his or her environment.

In this regard it is also necessary to take into account any stress that a child may feel as a result of their living environment or the way that he or she perceives and experiences it. Stress has been described as a "heuristic but vague construct" and numerous definitions have been offered in the research (Hobfoll, 1989). Of relevance is a definition by Lazarus and Folkman (1984) who view the individual and the environment as being in a dynamic and reciprocal relationship and define stress as "a relationship between the person and the

environment that is appraised by the person as taxing or exceeding his or her resources and endangering well-being” (cited in Folkman et al., 1986, p. 572). Hobfoll (1989) takes this further in his development of the Conservation of Resources (COR) model of stress in terms of which he views people as continually striving to build, protect and retain resources which they value. Psychological stress is then viewed as, “a reaction to the environment in which there is (a) the threat of a net loss of resources (b) the net loss of resources, or (c) a lack of resource gain following the investment of resources” (p. 516). Resources include more than physical objects and include also a person’s personal characteristics, conditions in which they find themselves, and energies which aid in the acquisition of other resources such as money or knowledge (Hobfoll, 1989). This is a useful conceptualisation as it offers not only a definition of stress but also offers explanations for the way a person behaves during stressful circumstances, while taking into account environmental circumstances that threaten people’s resources. Surplus resources could lead to eustress or positive well-being; while people who are disadvantaged and not in a good position to gain resources are likely to be especially vulnerable (Hobfoll, 1989). Considering these factors would be of relevance in a country such as South Africa where inequality and poverty are rife and their effect on stress, or a child’s fear and anxiety resulting from their environment, cannot be ignored. Such a view, which looks broadly at the effect of adversity on a child’s wellbeing, would be in keeping with an ecological perspective.

2.4 Beyond normal fears: Sources of fear and adversity

2.4.1 Considering the South African context

In keeping with an ecological model, and as discussed above, the importance of considering children's fears in context and taking into account the environment in which they experience

their fears cannot be overlooked. It is clear that historical, political, social, and economic circumstances can lead to the increased vulnerability of children in our society. The historical political forces of colonialism and apartheid in South Africa have resulted in immense inequality between a small wealthy elite and the majority of the population of South Africa who still live in poverty (Seedat et al., 2009). This has been found to clearly impact on the wellbeing of children: "Adverse conditions that were reinforced under the apartheid regime, such as household poverty and community violence, subject children to multiple daily stressful experiences that can seriously compromise psychological functioning and development" (Barbarin & Richter, 1999, p. 319). Further, although political violence has declined, it has since been replaced with different forms of interpersonal violence (Shields et al., 2008). Seedat et al. (2009) also point to a South African culture that, marked by past apartheid laws, has not embraced enforcement and safety. "The historical focus on policing in black areas was on the enforcement of apartheid laws and apprehension of those engaged in crime against white people. As a result there was very little common-law policing in townships. In the context of grinding poverty and unemployment, crime flourished" (Seedat et al., 2009, p. 1016).

In the 2007 study by Burkhardt aimed at developing a fear survey relevant to the South African context and mentioned above, Burkhardt states: "Although South African middle school children grow up in the post-apartheid era, they are faced with a number of difficulties. This context includes violence, multilingual challenges, hardships in terms of poverty and HIV/AIDS as well as a multicultural society. It is important to determine how this context influences the content, number, level and pattern of fears" (p. 3). Researchers have also observed that children who have grown up in poorer and more dangerous areas in

South Africa show more stress-related symptoms than those from economically advantaged communities (Barbarin & Richter, 1999).

There are clearly numerous factors contributing to adversity for South African children many of which will be highlighted throughout this study. These should also be viewed not only in the context of South Africa's history of political turmoil and general inequality but also in terms of South Africa's predominant system of patriarchy and ideals of masculinity. This system has led to a society based on gender inequity and the use of violent means to ensure that such a hierarchical structure is kept in place (Seedat et al., 2009). The argument for taking into account a South African context is clearly backed by figures from the 2005 National Youth Victimization Study which indicate that: "Approximately 28% of young people, just under three million people, cite murder as the one thing that they are most scared of, while over one fifth (21%) cite rape or sexual assault" (Burton, 2006a, p. 5). This clearly indicates that we are not just dealing with "normal" childhood fears and studies in South Africa need to look far beyond this and into the public issues of violence and conflict that surround our children.

2.4.2 Violence and child abuse

Violence has been broadly defined as: "[t]he intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO working group 1996, cited in Krug et al., p. 1084). Globally, it is considered a major public health problem and has been declared as such by the World Health Organisation (Krug et al., 2002). It is also considered a complex issue which is attributed to a variety of factors necessitating an ecological perspective looking at various

levels including the personal and biological, close relationships, community, and societal factors (Krug et al., 2002). Perspectives on violence would then differ depending on the person involved and their context; recognition of which means that violence in South Africa will be personally placed and must be considered within our history and context.

In South Africa, although there are other forms of harm, violence appears to be the most researched form of adversity for children and is reported as being pervasive and common (Seedat et al., 2009). Violence is now considered "a widely accepted means of resolving conflict in South African society...it is normative and generally accepted by communities" (Abrahams & Jewkes, 2005, p. 1811). The rates of violence are therefore unacceptably high and permeate homes, schools, neighbourhoods and health care settings (Abrahams & Jewkes, 2005). While many cases of violence are unreported, recent figures indicate that "[v]iolence against children is pervasive in South Africa" with reported figures alone showing that over 56,500 children were victims of violent crime between 2009 and 2010 (SAHRC & UNICEF, 2011). Violence against children also takes many forms including child abuse, sexual abuse, bullying and corporal punishment.

Child abuse has been defined in the Children's Act (38 of 2005) as follows:

"Abuse, in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes –

- (a) assaulting a child or inflicting any other form of deliberate injury to a child;
- (b) sexually abusing a child or allowing a child to be sexually abused;
- (c) bullying by another child;
- (d) a labour practice that exploits a child; or

(e) exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally " (Section 1)

While many cases are unreported, recent figures relating to child neglect and ill-treatment show that over 4,000 cases were reported to the South African Police Service between 2009 and 2010 (SAHRC & UNICEF, 2011).

Seedat et al. (2009) also report on the unacceptably high rates of sexual violence and rape, including a high rate of abuse among girls before the age of 18; with figures indicating that in 2003, 40% of rape victims were under the age of 18 (Seedat et al., 2009 p. 1013). Bullying, which has been defined as "intentional, repeated acts of aggressive behaviour intended to includes teachers as perpetrators and sexual bullying (Seedat et al., 2009). Studies show that bullying (both inside and outside schools) is a risk factor for psychological distress among South African children, with children who have been bullied being at higher risk of anxiety, depression, suicidal ideation, and post-traumatic stress disorder (Cluver et al., 2010). Physical punishment was also found to be common in a study by Jewkes et al. (2010) amongst rural South African youth.

2.4.3 Forms of exposure

Forms of exposure to violence can differ according to locus (discussed below), and mode which relates to different types of exposure to violence (Barbarin et al., 2001). These different modes of exposure include direct victimisation versus indirect, for example, where one is a witness to violence or subject to ambient violence because of the fear of living in a dangerous neighbourhood (Barbarin et al., 2001).

Evidence has shown that indirect violence can have as much impact on children's distress as direct violence (Barbarin et al., 2001); and Barbarin et al. (2001) posit that this is related to the child's perceived expectations of control, likelihood of future harm, and vulnerability which can be just as high whether the child is a direct or indirect victim of violence. Effects can, however, vary depending on proximity, that is, on the closeness of the relationship between the victim of violence and the child; being greater if the person is known to the child (for example, a family member or friend) and also if the violence takes place in close physical proximity to the child (Barbarin et al., 2001). Such findings are in keeping with the principle of social propinquity in terms of which: "expectations of directly experiencing violence increase when violence happens to someone with whom a child has a relationship or identifies" (Barbarin et al., 2001, p. 17).

Ward et al. (2001) also suggest that the "[r]elationships between type of exposure and symptoms are, in most cases, weak but significant" (p. 300). Circumstances relating to the exposure may differ and can then also impact the effect on the child. "Known" violence has been distinguished from "stranger" violence as, for example, the former is often on-going, present in the home and the child therefore lacks a source of support; while the latter is more likely to involve less consistent exposure and may be tempered with support from the family (Ward et al., 2001 p. 300). This could, of course, vary depending on the level of conflict in the community and level of support given by the family.

Shields et al. (2009) found that the loci or context of the violence is also an important consideration. In schools it was found that victimisation had a stronger effect on the distress of the child than witnessing violence; while in the community the opposite was found to be the case. Various reasons were put forward for this including the high levels of violence and

corporal punishment in schools; the involvement of adult teachers; gang activities and high continuous levels of anxiety experienced in the school setting. On the other hand, witnessing extreme forms of violence in the neighbourhood, such as murder, can threaten children's sense of safety (Shields et al., 2009). Apart from observing violence, hearing about violence has also been found to have almost as strong an effect on distress as observing violence; again the probable explanation being that it affects a child's feeling of safety (Shields et al., 2008). Chronic exposure to violence, where on-going safety is a concern or children that are under continual threat of victimisation and where there is low social support, also results in decreased ability of the child to cope (Gopal & Collings, 2013).

A word of caution as expressed by Shields et al. (2009) is that the differences found in their study between witnessing violence or victimisation were not striking and that "all forms of experiencing violence resulted in significant psychological distress independently when the other forms of violence were controlled" (p. 1203). This signifies a need for an awareness of the different modes of exposure and the need to take them into account, as well as the importance of the awareness of the impact of violence and fear on children, including those who have not suffered through direct victimisation.

Limitations highlighted in various studies also point to the need for further research designed to advance clearer interpretations of the findings that have been made. Ward et al. (2001), for example, refer to the importance of considering the number of times a child is exposed to a particular form of exposure to ascertain whether the threat is continual. Shields et al. (2009) point to the need for longitudinal research and for looking more closely at who the perpetrators were and, in the case of witnesses, who the victims were. The various

dimensions of violence and fear and their contexts therefore need to be well considered in all cases.

2.4.4 Cycles of violence and poly-victimisation

Many children experience multiple forms of adversity and violence and it has been found by various researchers that exposure to one type of victimisation is closely associated with other types of victimisation (Cluver et al., 2010; Jewkes et al., 2010; Shields et al., 2009). Ward et al. (2001) are also of the view that exposure to one type of violence increases the risk of exposure to other types of violence. Possible explanations include that a child who witnesses spousal abuse may be at greater risk of child abuse; children subject to risk at home may put themselves at risk of community violence by spending time out of the home; and those who have been subjected to violence may themselves become aggressive leading to further violence (Ward et al., 2001).

"This evidence of victimization at multiple levels suggests a cycle of violence for a particularly vulnerable group of "poly-victimised" children" (Cluver et al., 2010, p. 799).

Children experiencing multiple forms of victimisation or so-called "poly-victims" are believed to be at increased risk of continued victimisation and symptoms of trauma (Cluver et al., 2010). The findings concerning increased risk and poly-victimisation are supported by earlier studies conducted in the United States by Finkelhor et al. (2007a, 2007b). Finkelhor et al. (2007b) stress the need to define poly-victimisation broadly; to consider possibilities of re-victimisation among different kinds of victimisation; and for victimisation itself to be viewed as a "condition," often a persisting one for many children, rather than an event (p. 480). Finkelhor et al. (2007b) confirmed the huge burden of victimisation that some children bear and that victimisation is indeed "both diverse and repetitive" (p. 496); indicating a need to

consider both individual and contextual or environmental factors that allow this burden to persist. A recent South African study also confirms that South African children have reported an extremely high exposure to poly-victimisation (90% of participants in the study); calling for holistic approaches to child victimisation and a need for assessing an individual child's history and the complexity of their surrounding circumstances (Collings et al., 2013).

Findings by Shields et al. (2009) also reflect a cycle of violence as their research indicated a significant overlap between victims, witnesses and perpetrators of violence; with none of the children presenting as a perpetrator only, suggesting therefore a "progression of involvement in violence from observation to victimisation and finally to perpetration" (pp. 1204 – 1205).

Although studies on resilience show that this is not the pathway followed by all children (Barbarin et al., 2001; Zimmerman & Arunkumar, 1994); and clearly such a view can be both dangerous and stigmatising, the risks also need to be considered. In looking at the perpetuation of violence and young people in South Africa, Ward (2007) sums up her views in the following way: "In short, current conditions in South African society seem on the one hand replete with opportunities for young people to learn violent behaviour and ways of justifying it and, on the other hand, deficient in opportunities for young people to learn non-violent ways of achieving their goals" (p. 29).

2.4.5 Other sources of distress

As set out below there are various other sources of distress that have been identified in South African communities that could lead to the development of fears and anxieties in children. Many of these are present on a daily basis for some children, especially those living in disadvantaged areas with little or no resources and access to services which are considered essential for wellbeing.

2.4.5.1 Unintentional and accidental injury

Children are considered particularly at risk for unintentional and accidental injury; including burns, falls and drowning (Seedat et al., 2009). Burns cause a high rate of injury in very young children and are often a cause of concern in areas where housing conditions are poor, infrastructure is underdeveloped, there is a high child-adult ratio and heating and cooking equipment is inadequate or not used or stored properly (Seedat et al., 2009). In the overall population fires and falls are the 19th and 20th leading causes of death in South Africa (Seedat et al., 2009). The improper use of firearms is also a source of death and injury with the rate of firearm deaths in South Africa being found to be “among the highest in the world” (Seedat et al., 2009, p. 1016)

South Africa's road traffic mortality is nearly twice the global rate; with a high percentage of passenger and pedestrian deaths being children (17% in 2007) (Seedat et al., 2009). Not only are children affected directly by their own death or injury; but also through the death of guardians and family members which also impact on their wellbeing. The use of alcohol and drugs are considered major contributors to violence and the abuse of children, road deaths and unintentional injury; and South Africa is considered to have “one of the highest alcohol consumptions in the world per head for all individuals who drink alcohol” (Seedat et al., 2009, p. 1015). Not only are children the victims of adults who abuse substances, but alcohol and drugs are becoming more easily available to children themselves, particularly in schools (SACE, 2011).

2.4.5.2 Emotional abuse and neglect

Apart from the physical violence to which children are subjected (as elucidated above); emotional abuse and neglect have also been shown to be highly prevalent in South Africa and are clearly significant to the health of children – both girls and boys (Jewkes et al., 2010; Seedat et al., 2009). Neglect, in relation to children, has been defined as "a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional, or social needs" (Section 1, Children's Act 38 of 2005). There is also a high percentage of orphaned children who have lost parents to death or disease and are therefore vulnerable to adversity, abuse, and neglect (Seedat et al., 2009). It has been reported that 1 in 5 children have lost one or both parents (SAHRC & UNICEF, 2011).

2.4.5.3 HIV/AIDS

Mid-year population estimates for 2013 estimate the overall HIV prevalence rate in South Africa to be about 10%, with the total number of people living with HIV estimated to be 5,26 million in 2013 (Statistics South Africa, 2013). The prevalence of HIV/AIDS in our society brings with it a set of fears, for both adults and children – fears relating to contracting HIV/AIDS; fears of stigmatization; fears of losing family members and friends; and, for children particularly, the fear that comes with being an orphan. A study by Burkhardt (2007) with middle childhood children between the ages of 7 and 12 years in the Western Cape, indicated that the most feared item was "getting HIV" and as such the prevalence and effect of the HIV epidemic needs to be considered in looking at children's fears. In a more recent South African study aiming to determine whether children affected by HIV/AIDS were a special population that experienced particular fears due to their circumstances, it was found that fears reported could be categorised as normal age-appropriate fears; however, a substantial minority reported medical and death related fears that could have developed as a

result of their circumstances (Zwemstra & Loxton, 2011). The researchers therefore concluded that "HIV/AIDS affected children were a special population with regard to their fears" and that further investigation was recommended in this regard (p. 863). Specifically looking at children who have been orphaned by AIDS, Cluver, Gardner and Operario (2007) concluded that these children are particularly vulnerable and were more likely to report emotional problems than non-orphaned children and children who have been orphaned by other causes.

2.4.5.4 Poverty and hardship

Poverty and physical hardship is a way of life for many South African children. Poverty has been described as "a serious problem in the South African community that affects all other psychosocial problems" (Ratele, 2007, p. 218). Together with inequality, it is believed to be a key contributor to the burden of violence and injury experienced by all South Africans; and greatly impacts the vulnerability of children and their exposure to neglect, abuse and injury (Seedat et al., 2009). In keeping with this view, poverty has been also been found to be one of the strongest predictors of poly-victimisation in children (Collings et al., 2013). Looking at a review of the literature on child maltreatment, Zielinski and Bradshaw (2006) point out that poverty is both a risk factor for experiencing maltreatment and a contributing factor increasing the likelihood of harmful outcomes for children who have been maltreated.

The hunger and the non-availability of food resulting from poverty is also a huge concern for both the physical and overall mental wellbeing of children. Statistics using the General Household Survey (GHS) of 2009, conducted by Statistics SA, indicate that 1 in 3 children experience hunger or are at risk of hunger and that, further, 4 out of 10 children do not have access to piped water (SAHRC & UNICEF, 2011). High rates of unemployment, particularly

for male youth, also feed into the cycle of poverty and have been found to correlate highly with crime and violence (Seedat et al., 2009); and with child abuse and neglect (Freisthler, Merritt, & LaScala, 2006). It has been found that 4 out of 10 children in South Africa live in homes where none of the members of the household are employed (SAHRC & UNICEF, 2011). [The impact of poverty, social disorganisation and conflict in communities is discussed further in Section 2.7 below.]

2.5 Effects and responses

2.5.1 Levels of fear

Despite the very real hardships experienced by children in a South African setting and the high rates of violence present in many communities; it has been reported in the 2005 National Youth Victimisation study that levels of fear are still "surprisingly low" with less than 9% of children reporting feeling scared in their homes and about 12% feeling scared at school or work (Burton, 2006a, p. 6). However, reports that one in five South African children do not feel safe within their communities, indicate the necessity of considering the child's context and factors contributing to patterns of fear (Burton, 2006b). Further the high levels of psychological distress found with children who have been exposed to violence (Shields et al., 2008); clearly indicates the presence of fear and anxiety.

Results of the 2012 National School Violence Study also indicate that learners participating in the study felt generally positive about their neighbourhoods; and most (eight out of ten learners) indicated that they felt safe (Burton & Leoschut, 2013). The feeling of safety, despite high levels of violence in the community, has been attributed to the normalisation of crime and violence which has become so commonplace that it is no longer considered

unusual and to the possible desensitisation of the youth (Burton, 2006a; Burton & Leoschut, 2013). The effects of this and possible suppression of fears or emotions are, however, not considered. This clearly necessitates looking more deeply into the complexity of child fears and asking what South African children themselves fear most, their levels of fear, and their ideas for possible solutions; which is part of the motivation for this study.

2.5.2 Consequences of fear and adversity

Although many fears are considered normative and often adaptive, what is still uncertain is their impact on the individual (Muris et al., 2000). Further, persistent and more extreme experiences of fear can become problematic and negatively affect the wellbeing of a person (King & Ollendick, 1989). Exposure to violence has been found to affect children of all ages, including infants and very young children, who while they may not always be able to understand what is happening, or voice how they are feeling, do remember experiences of violence (Osofsky, 2005). Individual consequences are wide ranging and include physical, mental, and emotional injury (Jewkes et al., 2010).

Research has shown that adversity has negative social and developmental consequences for children including the possibility of cognitive, psychological, and social impairment (Jewkes et al., 2010). There appear to be a wide range of negative outcomes; but more specifically children exposed to violence appear to be at increased risk of post-traumatic stress disorder (Seedat et al., 2004; Ward et al., 2001); depression (Ward et al., 2001); anxiety (Ward et al., 2001); suicidality; unwanted pregnancy; sexually transmitted infections; alcohol abuse (Jewkes et al., 2010); drug dependency; and other anti-social or violent behaviour (Jewkes et al., 2010). In South Africa clear links have been found between exposure to violence and psychological distress in children (Shields et al., 2008).

Jewkes et al. (2010) discuss the implications of both emotional and physical abuse and neglect on children and highlight the health implications of this including, and importantly in light of the current HIV epidemic, the increased risk of HIV infections; the latter pointing to the need to include child protection in HIV programmes.

Poor academic performance, social development, and other behavioural disorders may also become apparent and can affect the ability of the child to function optimally both academically and socially as he or she grows up (Barbarin et al., 2001; Gopal & Collings, 2013; Ward et al., 2001). Adolescents who have been exposed to violence for long periods of time are more likely to be anxious, have school and behavioural problems, and may experience hopelessness and emotional deadening or become more aggressive and accepting of violence as a way of dealing with their situation (Osofsky, 2005). Studies relating to bullying have also found that children who have experienced bullying are at greater risk of mental, social, and emotional problems (Cluver et al., 2010; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004).

Barbarin et al. (2001) talk of a "broad range of dysfunction" (p.17) and add to the long list of negative effects symptoms that have been observed in many studies including: sadness, loneliness, inattention, daydreaming, loss of desire for amusement, interrupted sleep, nightmares, uneasiness, lack of concentration, separation anxiety, intrusive imagery that is disturbing for the child, and fear of death. A child's coping skills may then involve pretending not to care, being aggressive, chronic worry and anxiety; all of which affect both family and peer relationships (Barbarin et al., 2001).

As discussed above, cycles of violence and poly-victimisation can result in ongoing adversity and distress for children, the family and community. Concerns regarding re-victimisation means that children who are exposed to abuse may be at an increased risk of being victimised again (Cluver et al., 2010; Jewkes et al., 2010; Seedat et al., 2009; Shields et al., 2009; Ward et al., 2001). Children exposed to high levels of poly-victimisation are considered more at risk of posttraumatic stress disorder (Collings et al., 2013a). Research regarding intergenerational cycling of violence also indicates that children who have been victimised, because of an inability to empathise or form strong emotional relationships, risk becoming perpetrators themselves or developing psychopathological disorders often exhibited through displays of violence in the community, for example, getting involved in gangs (Seedat et al., 2009, p. 1015). A further aspect to this cycling of violence is suggested by Foster et al. (2004) who are of the view that it is possible that ineffective parenting, possibly the result of the violence itself, then leads to an increase in symptoms and problems in the youth, which in turn increases violence in communities.

The risk to the individual child is being caught in and unable to get out of this cycle; especially if not provided with psychosocial and other support. The further risk, on a larger and more public scale, is that particular communities are not able to break the cycles of violence that become endemic among them. It is evident then that not only does adversity and violence affect an individual but also the family, community, and the country as a whole. Death and disability caused by violence and other forms of injury weakens the social fabric of a community and is a large financial burden affecting both the economic and social development of the country (Seedat et al., 2009). It is for this reason that prevention should be considered a "national public health priority" (Seedat et al., 2009, p. 1011).

2.5.3 Government response to violence and injury against children

Considering the high rates of injury and violence in South Africa, it is believed that the State should, as a top priority, be working towards the prevention of violence; identifying children at risk; and providing treatment (Ward et al., 2001). The South African government response has, however, been described by Seedat et al. (2009) as "highly variable," and "focused mainly on services for victims and criminal justice measures, rather than on primary prevention" (p. 1017). This has resulted in the provision of good legal policies while the implementation of the policies is still an on-going challenge, with Seedat et al. (2009) pointing out that "there is little evidence of resource allocation, no coordinated roll out of interventions of proven effectiveness, and no evidence of best practice-based processes to develop cross-sectional approaches;" (p. 1017). Most focus has been on addressing violence against women; but even here the levels of violence remain unacceptably high (Seedat et al., 2009).

Various recommendations have therefore been made for the government to provide: stronger social services and more resources to enable them to carry out child protection services (Jewkes et al., 2010; Seedat et al., 2009); sufficient numbers of social and community health workers (Seedat et al., 2009); and counselling psychological services for the support of victims of violence and abused children (Jewkes et al., 2010; Seedat et al., 2009). There also remains a belief that statutory protection of children still needs to be strengthened at both government and community levels (Jewkes et al., 2010). Overall what is recommended by Seedat et al. (2009) is for the government to "identify reduction in violence and injuries as a key goal and to develop and implement a comprehensive, national intersectoral, evidence-based action plan" (p. 1011). Children should be given a priority and form an integral part of any such plan.

2.5.4 Moderating effects

Various moderating effects, which lessen the negative impact of fear and violence on children's distress, have been identified in the literature. A number of studies have indicated the important part played by social support for children, particularly by the family acting as a barrier or shield to protect children from harm and surrounding violence. "[T]he child's experiences are dependent on what the family allows to enter or permeate the child's psychological space" (Barbarin et al., 2001, p. 24). Shields et al. (2008) point to the importance of family support, organisation and control, all of which work towards reducing the effects of distress in children. Garrido et al. (2010) also stress the key role parental involvement can play in protecting children from the harmful effects of community violence, and Ososfky (2005) extends this to strong, positive relationships with caring adults.

Barbarin et al. (2001), significantly, also point to their results which indicated that although the focus of their study was on the adverse effects of violence, there were many children who did not show negative effects, and many children who actually "thrived" despite being exposed to violence (p. 24). Possible reasons advanced for these outcomes relate to coping resources such as family support (particularly the ability of the mother to cope), religiosity, and child resilience. The researchers also acknowledged that the sample they were working with was young (children aged 5 to 6 years) and raised questions about whether, for example, family support would work in the same way with older children and the importance of looking at the role of the school, peer groups, and community support networks (Barbarin et al., 2001).

Shields et al. (2008) came to similar conclusions as the results of their study which indicated that family organisation, family control, and social support lessened the effects of exposure to various types of violence; although the researchers did caution that this may not equate to clinically significant results. A further variable, unknown locus of control, also acted as a moderator and it was found that children who had a better understanding of why events occurred experienced lower levels of distress in their communities, although this appeared not to be the case within a school setting (Shields et al., 2008; Shields et al., 2009). Further, details regarding factors in the community that could potentially moderate or mediate the effects of adverse conditions are discussed below; and issues relating to family and school are more specifically focussed on by other researchers in the wider project. It is hoped through this research to acquire an understanding of some of the solutions that children themselves see as moderating the effects of their fears in a community setting.

2.5.5 Possibilities for moving forwards

It is important to consider various responses and needs in relation to child care and protection including: prevention of harm; treatment for children who have suffered harm, psychosocial support for children who are vulnerable or live in conditions that could result in vulnerability, and the need for these issues to be considered within the bigger context of political, social and economic conditions.

Seedat et al. (2009) are of the opinion that: "the biggest challenge in reduction of the burden of violence and injury lies in prevention" (Seedat et al., 2009, p. 1019). The authors make a variety of suggestions for the overall prevention of injury and violence, including the need to address: unemployment, poverty, gender and social inequity, intergenerational cycling of violence, access to firearms, alcohol consumption, educational improvements, job and small

business development and improved policing and prosecution of cases. These require a coordinated effort from government targeting and prioritising these factors (Seedat et al., 2009).

There is also a need to treat children who have already suffered or are suffering the effects of violence (Ward et al., 2001). This would need to cover both physical injury and psychosocial support for children experiencing on-going abuse or adversity or living under conditions that could lead to vulnerability. As much of the violence in South Africa has become normalised it is also recommended that children who have been exposed to high levels of violence should be helped to "reframe their ideas regarding the acceptability of the use of violence" and to provide them with skills for finding other ways to deal with conflict (Abrahams & Jewkes, 2005, p. 1815).

Although much research, especially on interpersonal violence, has already been conducted, various researchers have indicated that there is still a clear need for further research relating to childhood experiences of danger and fear in South Africa; including research into the risk factors involved and an understanding of the social context and dynamics influencing the maltreatment of children (Jewkes et al., 2010). There also appears a clear need for intervention research and interventions at various levels including: prevention (Jewkes et al., 2010; Ward et al., 2001), bullying interventions (Cluver et al., 2010; Nansel et al., 2004; Ward et al., 2001); gendered violence and positive relationships (Gopal & Collings, 2013); coping resources and resilience (Barbarin et al., 2001; Garrido et al., 2010; Gopal & Collings, 2013); social and interpersonal relationship building (Gopal & Collings, 2013; Ward et al., 2001); family organization, parenting and social support (Barbarin et al., 2001; Garrido et al., 2010); mental health programs to address psychological distress (Ward et al., 2001);

community level programmes (Ward et al., 2001); and interventions aimed at improving health, social, and judicial services (Jewkes et al., 2010). Qualitative research approaches are also considered necessary in the case of abuse, in order to achieve a more complete understanding of the social context and dynamics involved (Jewkes et al., 2010). Studies focusing on poly-victimisation, discussed above, also indicate a clear need for researchers to take into account patterns of multiple victimisations and why they occur. This needs to be done by looking at both the individual and the context in which the child is placed; and examining vulnerability and resilience in this light (Collings et al., 2013a; Finkelhor et al., 2007a).

There appears from current research to be a strong emphasis on the need to build family and parenting skills and strong parent-child relationships (Abrahams & Jewkes, 2005; Jewkes et al., 2010; Seedat et al., 2009; Shields et al., 2008). "Interventions need to be directed at parents, or future parents, to build awareness of the links between childhood experiences and social functioning in adolescence and adulthood and the effects of parenting on child development" (Abrahams & Jewkes, 2005, p. 1815). Apart from targeting the family, there is also a call for programmes to reduce violence in schools and for families and schools to find ways to ensure that children have access to places where they can feel safe (Shields et al., 2008).

It is evident from the above that the issues and factors involved in child protection and wellbeing are numerous, complex, and involve a multitude of factors that need to be addressed at all levels – individual, family, and community. There is also a call for these factors to be addressed at a national level and for issues such as economic and social inequalities and poverty to be addressed before any real differences are going to be made.

"As promising as violence prevention programs may be, they cannot be successful in the absence of widespread economic transformation" (Barbarin et al., 2001, p. 25). Such considerations are in keeping with an ecological perspective of wellness and looking at holistic and comprehensive interventions that take into account that children's fears are more than just individual or family responsibilities, but also need action from the public sector as well.

2.6 Fears in context: Three domains

In keeping with an ecological perspective, three domains of fear have been identified in this project: the home, school, and the community. Studies have shown that violence against children takes place everywhere and that for this reason the focus of various research has been on the families and the home, a child's peers and others in the school setting, and the child's community (Gopal & Collings, 2013). Burton (2006b) refers to the prevalence of violence in our country as being "further exacerbated by the exposure, other than personal victimisation, to violence within their home, school and community environments" (Burton, 2006b, p. 3).

Gopal and Collings (2013) also highlight that, "the boundaries between the above three domains of exposure are a lot more permeable than is generally assumed" (p. 9). Further, retaliatory violence originating in the school was often dealt with in the community after school (Gopal & Collings, 2013). This finding is confirmed by Cluver et al (2010) who reported that incidents of bullying were higher in violent neighbourhoods – both in and outside schools. Violence in schools has also been found to be highly influenced by activities and exposure of children to crime and violence in the community and are considered to be

"inescapably linked to the community in which the school is located" (Burton & Leoschut, 2013, p. 68).

There is also a high rate of co-occurrence between family and community violence (Garrido et al., 2010), with links having been found between domestic violence and various other forms of violence (Abrahams & Jewkes, 2005). Further, it is clear that the overall circumstances of the family in the community affect the parents and their parenting abilities, which has consequences for the child (Zielinski & Bradshaw, 2006). Ward et al. (2001) are of the view that, despite their significance, insufficient examination of these relationships has taken place in the past and that programmes should account for these links. It has further been stressed that "their comparative impacts be considered," and that there is a clear need to look at the impact of overall violence occurring in the child's community, especially when there is already a high risk of violence in the home (Garrido et al., 2010, p. 767).

The so-called "cycle of violence" mentioned earlier in this paper also indicates that children who have been victimized in their community or in their homes are more likely to be bullied, increasing the chance of victimisation in school (Cluver et al., 2010, p. 793). As such all three domains are closely woven together and form an integral part of a child's world and context. It is therefore important to consider them all together; but also to identify and "separate" the three loci so that they can be studied more in-depth and in recognition of their contributing influence and the interrelationship that occurs between them. As already stated, this study is part of a larger project covering all three domains. Focus in this paper on "community" with an apparent lack of coverage of the family and school, is not an indication that the researcher is of the view that these areas should be considered less important. Rather,

they are all integral to the overall project, allowing a broad ecological view of the child in his/her context.

2.7 Community

2.7.1 Why community?

Urie Bronfenbrenner's (1999) bioecological model provides a contextual framework for human development and highlights the need to look at the layers of systems impacting on a person within their family, community, and wider society. Community, under consideration here, can be viewed within this framework and as a part of that interactive dynamic. This is well elucidated by Zielinski & Bradshaw (2006) in stressing the importance of community as “assisting the infrastructure of family life” and thereby playing a major role in supporting parents and caregivers and, in turn, children (p. 56). For this, and a number of other reasons, communities and/or neighbourhoods are considered important units of analysis, particularly because the neighbourhood affects a person’s social and economic living conditions.

Community-level interventions are also considered to be not only cost-effective but also provide the opportunity for preventative and community upliftment actions to take place on a larger scale (Freisthler et al., 2006). Communities are also increasingly seen as playing a central role in preventing violence (Krug et al., 2002). Although the importance of individual interventions and assistance cannot be overlooked, Freisthler et al. (2006) point out: “even if the behaviour change is successful, the individual remains living under the same set of conditions that helped to produce the problem in the first place, thus making reversion a serious concern” (p. 264).

There are numerous definitions of community and neighbourhood and these can encompass various elements of a child's surroundings. McLeroy et al. (1988) are of the view that "community," despite its importance, "has been defined in so many ways and used in so many contexts, that it has lost much of its meaning" (p. 362). For the purpose of their work looking at an ecological perspective on health promotion programmes; they view community as having three meanings. The first considers community as consisting of "mediating structures" including family, friendship networks, social networks and neighbourhoods; the second considers community in terms of its relationships among organisations within a particular geographical or political area; and the third looks at community as "power structures" taking into account political and economic influences (McLeroy et al., 1988, pp. 363 - 364). This is a useful definition, allowing for an ecological perspective and for looking at the community itself more broadly rather than as merely a geographical entity.

The word "neighbourhood" is sometimes used synonymously with community but may also be seen as a subsection or smaller unit within a larger community. Sampson, Morenoff and Gannon-Rowley (2002) describe neighbourhoods as "ecological units nested within successively larger communities" (p. 445). A working definition is provided by Ward (2007) who describes the neighbourhood as, "the context in which schools, families and peer groups are embedded" and further stresses that this is not so much the geographical or physical space but "the social context created by how people act as neighbours to each other" (Ward, 2007, p. 23). For the purposes of this study both community and neighbourhood are viewed broadly as the surroundings, places or "contexts" in which South African children live. The reason for using such an inclusive definition is that the focus of this study is to capture the context of South African children in their "real-life" environments outside (but interacting with) the domestic and school-based domains, which domains are covered by other

researchers as part of the overall project. This will enable a broad picture of the child's environment to be considered.

2.7.2 Community: resources, disorganization and adversity

“Measuring neighborhood and community contexts poses serious challenges for researchers interested in studying this ecological level” (Zielinski & Bradshaw, 2006, p. 56). Various methods have been identified (including the use of census data, study participants as informants and trained observers), but in all cases many important aspects of community life are not covered and the majority of research at this level has focused mainly on identifying risk factors that arise in the community as a necessary first step (Zielinski & Bradshaw, 2006).

This is reflected in studies of communities and neighbourhoods which have given rise to various models intended to describe their effect on the well-being of children with findings indicating three pathways through which children are affected by neighbourhood:

“institutional resources, relationships; and norms/collective efficacy” (Leventhal & Brooks-Gunn, 2000, p. 309). Zielinski and Bradshaw (2013) place an emphasis on two pathways that affect the role played by caregivers towards children: social disorganization resulting in weak and unsupportive social networks; and the availability and quality of resources. In a review of over 40 studies relating to neighbourhood effects in the United States, Sampson et al. (2002) made similar findings, concluding that, "it appears that concentrated poverty, disorder, and low neighbourhood cohesion are linked to greater mental distress" (p. 459).

The adverse effects then of residing in an under-resourced community with high conflict and impaired social networks need to be considered.

A study by Coulton, Korbin, Su, and Chow (1995), also in the United States, on community level factors and maltreatment of children found that child maltreatment "seems to be embedded within a set of forces in the community that also produces deviant behaviour such as violent crime, drug trafficking, juvenile delinquency, and teen childbearing" (p. 1274). The study suggests that child maltreatment is related to community social organisation, resources, control, and solidarity and thus confirms that these factors have a negative effect on the development of children. Limitations expressed by Coulton et al. (1995) indicate, however, that the processes through which these factors affect maltreatment are highly complex and as yet unclear, but do need to be better understood. A later study by Coulton, Crampton, Irwin, Spilsbury and Korbin (2007) reviewing the literature that has focused on neighbourhoods and child maltreatment also confirmed the high number of child maltreatment cases in disadvantaged communities but again stress that, "the processes that link neighborhood conditions to either maltreatment reports or parenting behaviours are not yet confirmed by the research literature" and call for still further research in this area (p. 1).

In a South African setting, Ward (2007) has also looked at what she terms "socially disorganised communities" which she asserts are "unable to support the common prosocial values of their residents and so are unable to maintain effective social controls" (p. 24). A disorganized community has also been defined by the South African Council of Educators as "one consisting of high levels of violence, easy access to drugs, alcohol and firearms, as well as high levels of crimes" (SACE, 2011, p. 8). This disorganisation influences relationships in the community including those within the family; with peers and with others in the neighbourhood (Ward, 2007). This increases the vulnerability of children, exposes them to high levels of violence and crime, and has been found to "negatively affect children's understandings of how the world works" – decreasing their sense of safety and in many cases

normalising violence and the use of aggressive behaviour (SACE, 2011, p. 9). The fact that many of the perpetrators of violence in a community setting are known to children (48,8% of learners in the 2012 National School Violence Study); further suggests that "many young people grow up in communities where violent and aggressive behavior is modelled by significant individuals in their lives," which is more likely to result in replication than if the perpetrator is unknown (Burton & Leoschut, 2013, p. 56).

Although neighbourhoods in South Africa have not been directly assessed and given a measure of social disorganization; Ward (2007) notes that "the literature suggests that neighbourhoods that are characterized by both poverty and high crime rates, particularly drug sales, are likely to be socially disorganized" (p. 24). Crime in South African communities is closely linked to violence and plays a role in the social disorganisation of the community (Burton & Leoschut, 2013). In the 2012 National School Violence Study it was found that 49.6% of participants viewed crime in their neighbourhoods as a problem and that various environmental factors in neighbourhoods could be seen to aid criminal activity, including abandoned buildings and unkempt open spaces with bushes or long grass (Burton & Leoschut, 2013). The results of the 2012 National School Violence study indicate that there are various factors found in a community that facilitate violence and crime, including: knowledge of criminality, easy availability of alcohol or drugs, and weapons (Burton & Leoschut, 2013).

Although there are clearly many issues that impact on children in their communities, poverty and violence appear to be key factors in social disorganisation and are significant contributors hindering the development and overall wellbeing of children; especially in a South African context. Reporting on South African children, Barbarin and Richter (1999) found that

"[d]evelopment in most areas of social competence proved significantly influenced by either community danger or economic hardship" (p.325).

2.7.3 Socioeconomic Status (SES)

Poverty has been briefly discussed above as a serious risk factor contributing to the vulnerability of children to harm. Poverty is clearly linked not only to the resources of a particular person or family, but also to the community that the person is living in. "Being poor is more than a matter of living under a specified income. Being poor influences all aspects of a person's and a community's life" (Ratele, 2007, p. 223). Although poverty is often defined using statistics or in terms of income, it has been recognized as a multidimensional concept and other key dimensions need to be considered including, among others: access to resources needed for survival, the opportunity to participate in community life, and living conditions (Ratele, 2007).

Poverty or neighbourhood socioeconomic status – that is, the overall poverty or affluence of a particular community versus that of an individual family within a community – has been shown to increase the risk of child maltreatment, including neglect and abuse (Freisthler et al., 2006). Apart from child maltreatment, it has also been shown generally to have an effect on a child's "survival, protection and development" (Ward, 2007, p. 24). Poverty, also, results in a myriad of hardships including hunger, disease, and poor and unsafe living and working conditions to name but a few; all of which could form a part of and add to children's fears and anxieties. The availability and quality of resources has been closely linked to effective support and parenting from caregivers, with impoverished communities being less likely to have social, medical and mental health services to provide such support, which even if present, are often overburdened (Zielinski & Bradshaw, 2006). Apart from the lack of

access to resources and services just mentioned, Seedat et al. (2009) also point to the lack of access to sources of status and respect which can also be considered barriers to wellbeing.

The hardships that may be experienced by living in a community that is under-resourced both economically and socially therefore cannot be underestimated.

As was shown above, there are several studies indicating that children of low SES show more fears than higher SES children (Burkhardt, 2003; Gullone, 1999; Owen, 1998); indicating a level of vulnerability that is experienced as a result of adverse circumstances. The effects of violence on a child's academic and psychological function, however, have been found to be independent of socioeconomic status leading to a conclusion that all children show similar difficulties when faced with violence, whether the children are from economically disadvantaged or advantaged communities (Barbarin et al., 2001). This could indicate that it is the level of violence that is elevated in disadvantaged communities that is relevant and has such an effect on children living within a context of more extreme ambient violence and points to the necessity of dealing with this as a public issue.

2.7.4 Community violence

Community violence can take many forms. It has been defined "as the frequent and constant exposure to the use of guns, knives, drugs, and random acts of violence" (Foster et al., 2004, p. 60). Foster et al. (2004) also refer to community violence as taking the form of muggings, shootings and gang violence. In a study on community violence in Cape Town, Shields et al. (2008) found that, "[c]hildren were exposed to a significant amount of community violence in the form of school violence, neighborhood violence, gang violence, and police violence" (p.593). In light of South Africa's history of apartheid, much research in the past has also focussed on political violence and the role of politics in community violence; although more

recent studies have looked at gang involvement and there has been a shift towards consideration of an individual's exposure to violence and the effects this has on behaviour (Shields et al., 2008).

Results taken from five Cape Town Township schools indicated that exposure to violence in the children's neighbourhood was extensive with an extremely high percentage of children reporting that they have witnessed violence of various kinds and over a third of the children having seen someone killed (Shields et al., 2008). Violence appears to take place in various places in the neighbourhood including shops or malls, unkempt open places, bars and shebeens, but was reported most commonly to have been witnessed on the streets (Burton & Leoschut, 2013); the consequences of this being that it is difficult to shield children from the violence taking place. These difficulties are further exacerbated by findings that many children have personal knowledge of offenders and their criminality which not only increases vulnerability but has also been found to be strong predictor of delinquency (Burton & Leoschut, 2013).

Gang violence is considered a pervasive problem in South Africa, particularly in places such as the Western Cape; a 2005 study estimating that there are 100 000 gang members in 137 gangs in that area alone (Reckson & Becker, 2005). Gang activity has also been found to persist in South African schools, especially in the townships, with children experiencing incidents both in schools and on the way to and from schools (Boqwana, 2009). Findings of the Boqwana (2009) study indicate that this widespread gang activity causes negative psychological effects, including fear and anxiety, which lead in turn to poor academic performance by children affected, and subsequent negative effects on the whole school community. Participants in the study also revealed that gang activities in the school were

viewed as community-induced violence and a clear reflection of what was happening in the community in which the school was situated.

Exposure to violence in a community has been found to lead to distress in children (Barbarin et al., 2001; Foster et al., 2004; Shields et al., 2008); and clear associations have been found between being exposed to community violence and posttraumatic stress and symptoms such as depression, anxiety, dissociation, and anger (Foster et al., 2004, p. 67). In a US study on maltreated youth in foster care, it was found that community violence exposure was associated with trauma even after controlling for the effect of family violence; with possible reasons being the inability to feel safe and the multiple victimization experiences within communities (Garrido et al., 2010).

In a South African study, Barbarin and Richter (1999) indicate that there is much evidence showing links between community violence and low economic status to cognitive and emotional disorders (Barbarin & Richter, 1999). In a further and subsequent study by Barbarin et al. (2001), community violence was found to be strongly predictive of distressful child outcomes – even more so than family violence. Various reasons put forward for this trend include the high and intense levels of political violence in South Africa and the consequent social disruptions that have followed (Barbarin et al., 2001). In Barbarin et al.'s (2001) study community violence was shown to be a strong predictor of adverse child outcomes especially in the areas of aggression, attention and anxiety-depression.

Living in a violent community can also expose children to ambient violence which means that children may experience distress even where they have not been directly affected by the violence or injury (Barbarin et al., 2001). In a study by Shields et al. (2008) it was found that

children were more traumatised by witnessing violence in their community than they were by actually being victimised; possibly because of the intensity of violence experienced in some communities and the resulting threat to a child's feeling of safety. This was also found to be the case in a study by Ward et al. (2001) who found that a victim of violence by a stranger was not significantly associated with posttraumatic stress disorder, anxiety or depression; with possible reasons being that the victims had social support or that the episodes were discreet rather than ongoing as is often the case when violence comes from within the family. A more recent 2013 study has, however, extended this finding by showing that while witnessing community violence is associated with posttraumatic stress disorder; being a victim of community violence is associated with a different pattern of symptoms associated with complex posttraumatic stress disorder (Collings, Valjee, & Penning, 2013b).

Overall, chronic exposure to violence means that children are at "particularly high risk of developing significant psychological problems" (Foster et al., 2004, p. 59). Studies showing the negative effects of witnessing violence and exposure to ambient violence (Barbarin et al., 2001; Shields et al., 2009; Ward et al., 2001; Collings et al., 2013b), indicate the necessity of taking into account violence and levels of conflict and injury in a child's community when there are signs of distress; even in cases where there has been no direct physical abuse or injury.

2.7.5 Influence of the community on the family

In stressing the significance of the influence of community on the family, Barbarin and Richter (1999), in looking at the work of Garbarino (1985), highlights that "neighbourhoods contain a highly influential set of life conditions that uniquely amplify the strength and weakness of caregiving characteristics at the family level" – making it relevant to "analyze

the synergies created in the relationship of a family to its community" when trying to understand the experiences of children in a particular community (p. 326). Specifically, it has been found that social disorganisation affects supportive parenting because of the decreased social support they receive from their neighbours; which in turn has been found to be linked to child maltreatment (Ward, 2007; Zielinski & Bradshaw, 2006).

Parents or caregivers who are themselves traumatised through constant exposure to violence in their communities may find it very difficult to offer supportive parenting, leading to difficulties relating to healthy attachment relationships with their children, developmental problems for children, and a transference of their own feelings of hopelessness and helplessness (Osofsky, 2005). Maternal distress and the overall emotional state in the family were also found to be associated closely with community violence; with a mother's ability to regulate her responses having an important effect on her children (Barbarin et al., 2001). While not laying any blame at the feet of the mother, Barbarin et al. (2001) indicate clearly the important role that the family, in many cases the mother, plays in acting as a barrier for children confronted with violence in their community. Understanding children therefore also involves understanding the child and the family in his or her environment and understanding how they all impact on each other (Bronfenbrenner, 1997; Garbarino & Sherman, 1980).

2.7.6 South Africa: Community living and exposure to harm

As already noted, it has been found that one in five South African children do not feel safe within their communities (Burton, 2006b). The recent study by Gopal and Collings (2013) also highlighted that "[t]he majority of violent experiences reported by respondents took place in the community, with pathways to and from school being a particularly high risk place for victimization" (p. 8 – 9). Many other studies have also given a clear indication that

children in South Africa are exposed to extremely high levels of community-based violence (Barbarin & Richter, 1999; Barbarin et al., 2001; Foster et al., 2004; Gopal & Collings, 2013; Shields et al., 2008; Ward et al., 2001).

South Africa's historical, political and social context also needs to be taken into account in considering community living. "The wave of political violence had subsided by 1994, but the overall level of violence since then has not diminished" (Barbarin et al., 2001, p. 16); and the effects of apartheid as seen in economic inequality; adverse conditions and ongoing community violence; all need to be considered for their effect on children in South African communities (Barbarin & Richter, 1999; Barbarin et al., 2001). Shields et al. (2008) in their Cape Town study also point to what they term the occurrence of a "true community phenomenon" – an interrelation of various forms of exposure with "children having no place to escape from violence" (p. 599). The implications of this would be very high levels of distress for children living in communities where there is nowhere for them to feel safe.

2.7.7 A call for community responses

Zielinski & Bradshaw (2006) are of the view that, "community context appears to play an important role in the risk for and outcomes associated with child maltreatment" (p. 57); that there are still many unanswered questions about both direct and indirect effects and that further research in this complex area is necessary. Problems in communities relating to socioeconomic hardship and violence clearly impact caregivers and children; but are public issues that need to be addressed at national level in order to have a real impact. This understanding is upheld by Burton (2006b) who is of the view that data from the 2005 National Youth Victimization Study clearly shows a need for "an integrated and coherent youth safety strategy that involves a wide range of relevant stakeholders, and which can be

implemented efficiently and rapidly" (p.4). Not only is government involvement required but an integrated approach should involve both parents (Garrido et al., 2010; Shields et al., 2008), and teachers (Shields et al., 2008), who need resources, skills and knowledge to help children cope. Children need to be provided with safe spaces in which to grow and develop (Shields et al., 2008). Far-reaching social and economic transformation is necessary to address the inequalities and widespread poverty in South Africa's communities.

As it is seen as the most common form of exposure to violence for children, a special focus must also be placed on community violence. Such common exposure suggests that there is a limit to what families can do to safeguard children from the effects of violence and that "ultimately the most effective way to reduce distress is to develop programs to reduce violence in the community – a very challenging task" (Shields et al., 2008, p. 600). Various researchers agree that programmes addressing the prevention of violence in communities should be part of an approach working towards the protection of children (Barbarin & Richter, 1999; Shields et al., 2008; Ward et al., 2001).

The central role that can be played by communities in preventing violence has been recognised both internationally by the World Health Organisation (Krug et al., 2002); and locally. Barbarin and Richter (1999), looking at the effects of living in a dangerous community and low economic status, concluded that children from moderately safe neighbourhoods coped better than children from very safe or very unsafe ones; leading to the conclusion that, "even modest reductions of violence in dangerous neighbourhoods will be of considerable benefit to children" (p. 326). This finding highlights the importance of focusing on the advantages to be found in sociocultural resources which serve as protection and support for children, indicating the importance of strengthening relationships within a

community as an aid to building resilience in children and helping them cope (Barbarin & Richter, 1999). In their 2001 study, Barbarin et al. stress that "[m]ost important is the effort to rebuild support and reciprocal caring within community life. Community life in South Africa needs an infusion of the traditional value of *Ubuntu*, the obligation to show mutual concern and provide for the needs of others" (p. 24).

The links that have been found between distress and witnessing violence and a perceived threat to safety means that it is necessary to look beyond treating just those children who have been directly involved in violence or victimisation (Shields et al., 2009). Provision needs to be made for all children who have been exposed to adversity, whether in the form of real or perceived danger, and other factors that can lead to the vulnerability of the child.

Community responses looking at abused and maltreated youths have been found to be useful but are often limited in their focus on single events without taking into account on-going community violence. They have often been found to "ignore issues relevant to the prevention of community violence re-victimisation (eg formation of social supports, greater supervision from caregivers)" (Garrido et al., 2010, p. 765). Findings also suggest a need to focus on coping strategies to help young people to develop ways of coping with community violence and the resultant stressors (Garrido et al., 2010). Ideas from children themselves will be important in this regard.

As has already been noted above, not only is it necessary to address the on-going violence in South Africa, but the overriding social and economic inequalities of South African communities as well.

2.8 A child-centred approach

Researching children's experiences is considered complex and brings with it an array of challenges, including but not limited to age, level of understanding, diversity, suggestibility, reliability, context, and the power dynamics involved in the relationship between the child participant and adult researcher (Greene & Hill, 2005). Despite these complexities it is increasingly recognized that it is important to listen to children's views (Greene & Hill, 2005). Children are not all the same and experience their worlds in individual ways and should be considered as persons in their own rights, rather than objects of study, so that their unique experiences can be better understood (Greene & Hill, 2005).

There has recently been increased attention on the importance of listening to children's views and understanding what their priorities are and how they interpret their own worlds; and it is argued that, "[i]n order to empower children...research should start from the perspective of the children and involve them actively in the whole research process" (Hill, 2005, p. 63).

This is also in keeping with the United Nations Convention on the Rights of the Child which makes provision for the participatory rights of children including the right to have their views respected: "When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account" (Article 12) (UNICEF, 1989). General rights under the Convention also entitle children to the freedom to express opinions and to have a say in matters affecting their economic, social, religious, cultural and political life. Participation rights therefore include the right to expression of opinions and to be heard, the right to information and freedom of association (UNICEF, 1989). In terms of this Convention then it is considered important for children "to express their opinions on important matters and decisions affecting themselves" (Hill, 2005, p. 61).

The African Charter on the Rights and Welfare of Children also makes provision for the views of children to be heard. Article 7 gives children the right of freedom of expression, "Every child who is capable of communicating his or her own views shall be assured the rights to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by laws" (Article 7, African Charter on the Rights and Welfare of the Child, 1999). Further, Section 10 of the South African Children's Act (38 of 2005) also states: "Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration" (Children's Act, 2005).

This legislation highlights the need to get a child's perspective in matters concerning the child and to ensure that children are empowered and enabled to ensure that their human rights are met (Hill, 2005, p. 63). Hill (2005) is of the view, that the current public importance given to children's rights necessitates an examination of the appropriate ways of carrying out research with children. "Understanding children's own priorities and interpretations of what is important to them in their everyday lives is no longer a narrow, isolated alleyway, but is becoming part of the main avenue of empirical study" (Hill, 2005, p. 61). This entails involving children themselves in the research and opening up possibilities for them to reveal their own experiences (Hill, 2005).

Studies have also shown that adult perceptions of children are not always accurate and may incorrectly reflect children's experiences (Greene & Hill, 2005). The role of power and control in the lives of children is therefore also important to consider. These aspects are considered by Prilleltensky et al. (2001) who indicate that although there has been much

literature on the correlation between control and mental health there has been little detail on the effects of powerlessness in the lives of children and more specifically on the "multiple and ecological sources of power/control, and how they interact to create pathways toward wellness or ill-health in children" (p. 144). Focus in the past has been on what the authors term "adult-centric" and "psycho-centric" aspects of power (Prilleltensky et al., 2001, p. 144). The former indicating that most research is based on the powerlessness of adults, and the latter indicating a focus on the emotional and cognitive sources of power and its consequences, while largely ignoring the material, social and political aspects of power. In this respect children are viewed as a marginalized population who have little access to resources, both social and political, and whose problems are then generally viewed and treated on an individual psychological level without fully considering the context in which they occur (Prilleltensky et al., 2001). The following quote brings to the fore the lack of heed that is generally given to children as people with agency and autonomy: "What would happen if we said that most seniors', women's or minorities problems are psychological in nature? We have learned that the problems of seniors and women and minorities have a lot to do with power and politics. It is time we apply the same logic to children – only then will we overcome our adult-centrism" (Prilleltensky et al., 2001, p.155). This is in keeping with both an ecological framework and the need to look at issues effecting South African children as public issues.

Further, many of the interventions recognised as necessary for child wellness are valuable but individualistic and do not always take into account the vast inequalities in power and control that place children at risk. Prilleltensky et al. (2001) point out that it is necessary to identify policies and programmes that address three facets of power and control: "(a) access to valued resources, (b) participation and self-determination, and (c) competence and self-efficacy"

(Prilleltensky et al., p. 152). These facets are important in bringing a child-centred approach to the fore and taking into account children as agents of their own future; not just regarding a need to involve them in participation in matters pertaining them; but also to recognise that they are often placed by adults in a position that lacks power and are treated as children but are expected to withstand and survive in a violent adult world.

2.9 Assessment of child fears

“Normal” fears have, as stated earlier, been defined as adaptive or normal responses to real or imagined threats and are considered an integral part of a child’s development (Elbedour et al., 1997; Gullone, 1999; Gullone & King, 1997; P Muris et al., 2000). For this reason there has been much published research in this area, particularly with regard to developmental patterns of fear in relation to fear content, intensity and frequency and across demographic characteristics (Gullone, 1999). In an extensive review of the normative fear literature, Gullone (1999) stresses the importance of considering the dependability and soundness of the assessment tools and methods that have been used. She further outlines the various methods that have been used historically including: direct observation, third party reports for example from parents or teachers, self-report interviews, self-report fear lists, and self-report schedules.

Direct observation and third party reports have generally been well used with very young children and although beneficial in this regard have obvious limitations associated with interpretations that are by necessity made by others (Gullone 1999). Self-report procedures are therefore used when possible, but need to take into account the age of the child and each type appears to have its own limitations. Self-report interviews, for example, are considered to be of great importance for learning more deeply about an individual’s fear experiences but

are also subject to possible validity problems relating to interviewer influence and interpretation. They are also costly and time-consuming (Gullone 1999). Self-report procedures also include the use of fear lists and schedules.

Self-report fears lists have been used as a technique to overcome problems related to third party reports and observation but have much of the same problems as all self-report procedures including social desirability responding and, particularly, difficulties that may relate to the child's level of awareness and cognitive ability. This is illustrated clearly by the example that an older child may list more fears than a younger child, but not necessarily because he or she has more fears, but because he /she can remember more fears (Gullone, 1999). For these reasons, Gullone (1999) describes the fear survey schedule (FSS) as the "tool of choice" (p. 98) and states that: "[t]he most common current practice regarding fear assessment, for both research and clinical application is, without doubt, to obtain self-reports via the administration of the fear survey schedule" (Gullone, 1999, p. 92). Further, advantages of the FSS include that they are easy and convenient to use, are generally inexpensive to administer, scoring is objective and minimises assessor bias, they provide a large amount of information in a short period of time, and their standardised nature allows for comparison between different samples (Gullone, 1999). Among the various schedules that have been administered over time the most widely used are the revised forms of the Fear Survey Schedule for Children (FSS-FC) originally developed by Scherer and Nakamura (1968). The first revision resulted in the Revised Fear Survey Schedule for Children (FSSC-R) by Ollendic (1983); and this was followed by the development of the FSSC-II by Gullone and King (1992) (Gullone, 1999).

However, despite the popularity of the fear survey schedules and their apparent advantages mentioned above Gullone (1999) also warns researchers to be aware of potential limitations of the schedules and the need for content changes over time in order for the instruments to remain valid and to include contemporary fears, for examples fears relating to HIV/AIDS. Limitations here also include those mentioned above regarding all self-report procedures; but the more recent focus has been on whether the schedules actually provide an accurate reflection of fear (Gullone, 1999). Further research has been done in this regard with much focus on exploring the validity of the FSS by drawing comparisons between its use and the use of the free option method (FOM) (Burkhardt, 2003; Lane & Gullone, 1999; Muris, Merckelback, Meesters, & Van Lier, 1997). Findings from these studies indicate clearly that different methods yield different results. Which yield the more valid results appears still to be established.

Criticism levelled at and potential problems with the use of FSS's are now considered. Foremost, results from the use of a FSS must be considered in light of the limited parameters of the particular schedule that is being used as it is not possible for children to report on fears other than those listed in the particular schedule (Gullone, 1999). This may be particularly limiting when using FSS's developed in foreign countries and is discussed in more detail below in relation to South Africa.

Relating generally to questions of the validity of fear rank orders in terms of the FSSC-R, Muris et al. (1997) have attempted to investigate the issue raised by McCathie and Spense (1991) in terms of which they assert that such measures do not assess actual fears but rather children's negative attitudes towards items listed. In other words, children's responses do not necessarily reflect their current predominant fears, but rather "reflect a negative affective

response to *the thought of occurrence* of specific events” (Muris et al., 1997, p. 263). The study compared scores obtained from using both the FSSC-R scores and using a free option method of asking the same set of children what they feared most and giving them a blank page on which to write the answer. Findings indicated clearly that “fear rank orders for samples of children are a function of the method employed by the researcher,” but no conclusions were drawn on which method derived the most valid data (Muris et al., 1997, p. 266).

A further and related issue originally raised by McCathie and Spense (1991) that use of the FSSC-R, which lists many extremely frightening items, does not reflect actual childhood fears that children experience on a daily basis has also been tested by Muris et al. (2002). In this study the same group of children was tested using three methods: the FSSC-R; a fear list procedure; and a diary method to investigate the occurrence and prevalence of death and danger fears which are consistently found to be the most common fears reported by children when assessed using the FSSC-R. Although it is acknowledged that such items would be potentially fearful, the point being considered was whether it was unlikely that “normal” children are often troubled by such fears in their everyday lives. It was found that danger and death fears ranked highest using the FSSC-R; were less common with use of the fear list procedure; and had a low probability of occurrence in daily life, and if they did occur, were of short duration and low intensity. The researchers conclude: “This, at least, calls into question the validity of children’s high ratings on FSSC-R danger and death items. That is, it is unclear whether children are actually afraid of these items on a daily basis or whether they are reporting their perceptions of these events were they actually to occur” (Muris et al., 2002, p. 1324). In cases where there is not a high probability of occurrence of, for example an extremely frightening event such as an earthquake, children are unlikely to need to engage

in related avoidance behaviour (Gullone, 1999). This would impact on one's understanding of children's fears generally and the effect that particular fears have on a child's daily behaviour; and therefore the need for intervention.

Developing the above theme further, Muris et al (2002) also question the impact of different children's interpretations of the particular fear items which could differ depending on whether an individual child had first-hand knowledge of the event (for example, hurricanes) or not. In the latter case, it is argued that children's perceptions of the event would play a bigger role and this could have more to do with individual trait anxiety levels than actual fear levels (Muris et al., 2000). In a similar study by Lane & Gullone (1999) using dual methods with adolescents, the ten most common fears reported using the FSSC-II related to death and danger; while self-generated fears also included more specific fears such as fear of failure, psychic stress and the unknown. Considering that the sample in this case was made up of adolescents the strong theme relating to fear of failure, social evaluation and rejection was fitting (Lane & Gullone, 1999). This study therefore also questions the ability of schedules to distinguish between imagined and daily fear intensity and supports the use of a combination of methods to produce a "truer picture" of the most common fears experienced by children (p. 6).

A more recent South African study by Burkhardt and Loxton (2008) assessed middle school children's fears using both the free list method (FLM) and the FSSC-R and, in keeping with the previous research, also found that the rank orders of fears obtained from each method were different. The study therefore calls into question the notion that fears are universal and concludes that: "[t]he more structured the questionnaire (as in the case of the FSSC-R), the more fears will be found in common across study samples, and thus assumed to be universal.

On the other hand, the more unstructured the questionnaires (as in the case of the FLM), the fewer fears will be found in common across study samples, suggesting that there may not be universal fears among children” (Burkhardt & Loxton, 2008). This has important implications for choice of method and in drawing assumptions across studies where the same or similar method has been used. Although Gullone (1999) concludes that the FSS method still provides the most reliable and valid data as compared with other methods, she still points to the need to “broaden assessment methodologies in order to obtain a more complete picture of children’s fears;” and to remember that the use of the FSS is “not beyond criticism nor is it fault-free” (Gullone, 1999, p. 100).

Further, it is imperative that if they are to be used, that FSS’s are kept up-to-date and reflect the contemporary fears of youth in their particular contexts (Burnham, 2009). Burnham (2009) notes that children’s fears will change over time as a result of exposure to different situations including global events such as war and disease; media and television exposure; and societal changes relating to, for example, family dynamics, school violence and obesity. These differences will also be reflected differently in different countries and contexts. A revision of the FSSC-II leading to the development of the American Fear Survey Schedule (FSSC-AM) for example, added contemporary items such as “terrorist attacks,” “being raped,” and “getting pregnant,” and in a later study looked further at issues of societal anxiety and school-related and personal/social issues (Burnham, 2009).

It is clear then that the use of an FSS in a country where the schedule chosen has been developed and tested only in a foreign country would be problematic. Instruments that have not been adapted for a South African context have been criticized regarding the accuracy of their results when used here; and the need for a context and culture specific assessment

instrument for South Africa has been identified (Burkhardt 2007; Burkhardt et al., 2012). Burkhardt (2007) in her PHD and Burkhardt et al. (2012) focussed on the development of a measuring instrument relevant to a South African context. She did this by first conducting semi-structured interviews with 40 middle childhood children which were then transcribed and analysed for emerging themes. These themes (a total of 17 items) were then added to Ollendick's (1983) FSSC-R and further analysed, leading to the development of an adapted scale referred to as the South African Fear Survey Schedule for Children (FSSC-SA). The scale includes contemporary fears not previously available on the FSSC-R and was found to have good reliability and construct validity with some of the new items found to be among the ten most common fears in a sample of 646 middle childhood children (7 – 13 years) indicating their relevance in a South African context (Burkhardt, 2007). However, limitations and recommendations pointed out by Burkhardt (2007) include that validation and reliability of the FSSC-SA still needs to be further explored; only three cultures were represented in the study; much of the variance explained in terms of the accepted 5-factor structure was left unexplained; socio-economic effects require further exploration; and overall, that further studies were encouraged. Also, since the study only included middle childhood children, further studies with adolescents were considered valuable in broadening the understanding of childhood fears in a South African setting. The limitations generally discussed above regarding the use of FSS's would also apply to the FSSC-SA.

The literature therefore acknowledges, that despite much valuable work already done, a need for further research in the area of child fears and further exploration using a variety of methods within particular contexts, especially in an African and South African context, is needed. This need is well recognised and noted in the recent study by Burkhardt et al. (2012) who state: "Particularly in many African countries, but elsewhere as well, the area of

childhood fears is underinvestigated” (p. 581). Looking more deeply at the general adversity relating to living in violent and/or under-resourced communities would also require assessment beyond the exploration of purely “normative” fears.

2.10 Conclusion

Research indicates that there is a clear need for urgent action to protect children in South Africa from various sources of adversity that provide very real possibilities for fear and anxiety. Such fears take the problem beyond looking at so-called “normal” fears experienced by children universally, the latter being generally viewed as both adaptive and necessary for development (Gullone, 1999). Fear and anxiety arising from various forms of violence and abuse have, however, been shown to lead to a wide range of negative outcomes for children (Jewkes et al., 2010; Seedat et al., 2004; Shields et al., 2008; Ward et al., 2001). Although not widely researched, other sources of distress, such as road traffic injuries, burns, falls, and drowning, are also sources of fear and anxiety (Seedat et al., 2009). Over and above individual injury and abuse there is also widespread adversity resulting from living in an unequal and largely poverty stricken society (Ratele, 2007; Seedat et al., 2009). Research has plainly shown that in considering children’s fears and the effect of those fears on their wellbeing; that the child’s context must be taken into account (Burkhardt et al., 2003; Burkhard, 2007; Elbedour et al., 1997; Muris et al., 2008). The South African context offers an extraordinary array of sources of fear, anxiety and stress for children; especially in lower socioeconomic areas that are under-resourced (Seedat et al., 2009).

Recent studies also point to the need for not only considering a child’s complex surrounding circumstances, but also their history of victimisation because of the high exposure of South African children to repeat or poly-victimisation (Collings et al., 2013a). Various authors

have suggested the presence of a “cycle of violence;” with victimised children at risk of continued victimisation (Cluver et al., 2010); and also indicating a significant overlapping between victims, witnesses and perpetrators of violence (Shields et al., 2009). Further, despite an overview of the South African context as a source of hardship and adversity, reports have indicated that many children still feel safe and positive even while living in violent communities (Burton & Leoschut, 2013). This further complicates the problem and requires consideration of issues such as normalisation and desensitisation when looking at patterns of fear in South African children (Burton, 2006b).

Overall, it is clear therefore, that the issues are both numerous and extraordinarily complex, involving multiple layers and interactions. This is highlighted by Seedat et al. (2009) who call for an "urgent investment in research to deepen our understanding of the magnitude and nature of the problem" (p. 1020). Further, intervention research and interventions are required at various levels: individual, community, and national (Barbarin et al., 2001; Cluver et al., 2010; Gopal & Collings, 2013; Jewkes et al., 2010; Seedat et al., 2009; Ward et al., 2001). The far-reaching nature and complexity of the issues involved call for an approach that is holistic and takes into account the numerous factors involved in attempting to understand child maltreatment and adversity (Zielinski & Bradshaw, 2006). An ecological model has been found to be appropriate for such a complex task (McLeroy et al., 1988; Prilleltensky et al., 2001). Such an approach informs the basis of this study and overall project which considers children and their fears in three domains: domestic, school and the community. The focus on community in this particular study is based on the literature which points to the importance of considering children in their wider context and the central role played by communities in either supporting or endangering their inhabitants (Krug et al., 2002).

Not only is more research needed in all aspects relating to child protection; but a review of literature also makes it clear that the voices of children are seldom strongly heard. This is despite increasing recognition that it is important to involve children in research and to take their views into consideration (African Charter on the Rights and Welfare of the Child, 1999; Children's Act, 2005; Convention on the Rights of the Child, 1989; Greene & Hill, 2005). Nowhere on a large scale, as far as the researcher is aware, have South African children been asked to take part in addressing the problems they believe are most paramount and in finding solutions that they believe would be most beneficial to them.

Given that there is a need for further understanding the complexities relating to fear among South African children and for including children's views in research and possible solutions; this study aims to hear directly from children, particularly adolescents, what they fear most. The purpose of the study is to ask this question in an open-ended manner so that children are not restricted by preconceived notions of what adults believe are universal fears or are most important and prevalent in the lives of children. This study also aims to find out the level of fear and anxiety that is experienced by children to further explore questions that have arisen in the literature relating to how safe children feel in their communities. A third and important focus of this study is to find out from children what *they* believe could happen to make them feel safer in their community. The purpose of this is two-fold: to involve children by giving them a voice and to look for creative solutions to complex problems which are often experienced differently by individual children.

This exploration hopes to provide a base for better understanding South African children's fears and anxieties. Although the dominant voice and role played by the adult researcher

cannot be ignored, this study also aims to provide a first step towards including children and giving them a role to play in their own stories of fear. “Children’s own views and experiences must contribute to prevention and other interventions to stop violence against them” (Pinheiro, 2006). It is hoped that the information and perspective gained from this study, and contributed by South African children, will be a platform for further research involving children at various levels.

2.11 Chapter Summary

This chapter covers the review of literature both in relation to child fears generally and places this in the South African context by looking at the effects of violence and adversity present in many communities. The ecological systems framework on which the study is based is discussed in relation to the three domains which are part of the overall project: family, school and community. The effects of community, as the domain of focus in this study, are more fully considered. Fear assessment methods are discussed and the need for a child-centred perspective when research involves children is emphasised.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Design

This is a quantitative study using a questionnaire with open-ended questions and a rating scale to find out from children what they are afraid of in their communities and how afraid they are. This approach was chosen as this is an exploratory study and the researcher would like to obtain a baseline for further research and for the development of criteria for understanding and conceptualizing fear in a South African setting. This required using a fairly large sample to try and ensure the representativeness of the results and to enable patterns to emerge in the results.

3.2 Location of the study

The study took place across seven secondary schools in the North West Province of South Africa during June - July 2013.

3.3 Ethical procedures

The study was conducted in accordance with UKZN Research Ethics policy. Ethical clearance was obtained prior to the start of the study. As the study was conducted in schools, gate-keeper permission was obtained in writing from the relevant provincial department of education and from the relevant school principals.

The study involved working with children as participants and adhered to key principles involved in following an ethical approach including respect for dignity, privacy, anonymity, confidentiality, fair treatment, and protection from harm or distress (Hill, 2005). Informed

assent was obtained from all participants and informed consent from the guardians of all minor participants in the study. This was done in keeping with the requirements of the UKZN Research Ethics policy, with assent/consent forms including details regarding: the nature and purpose of the research; the identity and institutional association of the researcher and project leader and their contact details; the fact that participation was voluntary; that responses would be treated in a confidential manner; that anonymity would be ensured; and that participants were free to withdraw from the research at any time without any negative or undesirable consequences to themselves. In addition the nature and limits of any benefits participants would receive as a result of their participation were specified in the information sheet. Anonymity and confidentiality were assured by ensuring that the names of participants were not requested at any stage of the project. Concern that participants may have experienced questions as stressful or upsetting was offset by ensuring that participants were able to approach the administrator for details of a counsellor if necessary; and could contact the project supervisor.

Data are being kept locked in a secure location arranged by the supervisor for a minimum period of five years after which the data will be shredded.

3.4 Sample and sampling method

Stratified random sampling of adolescent school children in the North West Province was used. The focus ages of children chosen was between 13 and 18 years of age; divided into the following three age groups: 13 – 14 years; 15 – 16 years; and 17 – 18 years. The sample was stratified in terms of the quintile system which divides South African schools into five categories (quintiles) in accordance with the poverty ranking system prepared by National Treasury which takes into account data from the national census including income levels,

dependency ratios and literacy levels of the area where the school is situated (Hall & Giese, 2008). The use of the quintile system, with quintiles 1 (poorest) to 5 (wealthiest), provides the framework for ensuring that the sample had a proportional spread of schools from each socio-economic group. Individual schools were then selected randomly from within each category proportional to the size of each quintile when compared with the overall population in the North West Province.

The final sample consisted of 312 children ranging between 13 and 18 years of age ($M = 14.70$, $SD = 1.524$), and representing children from grades 7, 9, 10 and 11. The sample was drawn from a region in the North West Province consisting of seven schools ranked from quintile one to quintile five, and consisted of 260 (90.4%) black children, 21 (7.3%) coloured children, 5 (1.7%) white children and 1 (0.4%) Asian child. The sample was 57.8% female and 42.2% male.

3.5 Research instruments

A questionnaire was used to obtain demographic information and to explore children's fears and anxieties at home, at school and in their community, the level of fear or anxiety, and what children believe could happen, or anyone could do, to make them feel safer. A copy of the questionnaire appears in "Annexure A". The questionnaire makes use of open-ended questions to explore the content of children's fears and anxieties and any possible solutions that children think could make a difference. A closed-ended question with a rating scale was used to survey the level of fear or anxiety experienced, ranging from not being scared at all to feeling extremely scared.

Research has indicated that fears reported by children are influenced by the method used to gather information (Muris et al., 1997; Muris et al., 2000). Various methods have been identified and used in the literature with South African children, for example: fear surveys, the fear list method, free option interviews, or a combination of methods (Burkhardt & Loxton, 2008; Muris et al., 2008; Zwemstra & Loxton, 2011). Generally, self-report schedules using fear surveys have become the most used tool as they are easy to administer, time-effective and largely inexpensive; however, their accuracy in reporting fears has recently been questioned (Gullone, 1999). Structured fear surveys have been criticized on various levels some of which include: they present only a limited view of fearfulness; data obtained is restricted to participants reports of fear in response to specified events which are often unlikely to occur in their daily lives; participants tend to give emotional responses to the thought of the stimulus situation presented by the items rather than giving their actual fear response; and they are generally not situation specific and rather address more global states of fear (Burkhardt, 2007).

Use of assessment survey's developed overseas and not adapted for use in a South African context have been particularly criticized (Burkhardt, 2007; Burkhardt et al., 2012). The most extensively used fear schedule has been Ollendick's (1983) Fear Survey Schedule for Children-Revised (FSSC-R); however the utility of the scale has been questioned especially as regards its use in different contexts, including the South African context (Burkhardt, 2007; Burkhardt et al., 2012). This led to an attempt by Burkhardt (2007) and Burkhardt et al. (2012) to adapt Ollendick's FSSC-R for the South African context and to the development of the South African Fear Survey Schedule for Children (FSSC-SA), which includes themes that emerged from Burkhardt's (2007) study of 40 middle childhood children in the Stellenbosch area of South Africa. There are several reasons why use was not made of this survey in the

present study, including the broad criticism that has been already been discussed regarding the use of fear survey schedules in general. Burkhardt (2007) developed the survey schedule with a small sample of middle childhood children (ages 8 to 12), a group which according to literature may well experience different fears from adolescents who are the focus of the current study. Although this is challenged in a South African setting, normative fears among 9 to 12 year olds, for example, generally relate to school, injuries, social fears, phenomena and darkness; while 13 to 18 year old fears generally relate to injuries, social anxiety and more global fears (Burkhardt, 2007). Further, Burkhardt (2007) did not look separately at the three different domains (home, school and community) which are explored as part of the overall project of which this study is a part and which therefore has a broader scope.

It has also been found likely that the “structuredness of the questionnaire plays a role in how universal fears are,” with structured questions leading to findings of more common fears across a particular sample and less structured ones resulting in less commonality (Burkhardt & Loxton, 2008, p. 5). For these reasons the free option method is more likely to reflect the individual and unique outcomes of participants; and, according to Muris et al. (2000) is more likely to yield a larger number of fears. The particular focus of this study, on the child’s fears in his or her community, is intended to find out from children directly what fears they have in relation to their lived environment and the neighbourhood in which they live, rather than focusing on fears that are general or could be considered universal among children. This requires the use of a free option method that does not restrict the participants to particular items on a survey schedule or to certain categories of fears that have in the past been found to be universal or common. The broader scope of the current study necessitates going back to the source, to the children themselves, and to the use of open-ended questions to establish their most common fears without any restrictions. Questions relating to possible solutions for

increasing safety were also left open-ended to ensure no restrictions were placed on children's views and that adult perceptions of possible solutions did not interfere with the answers. The free option method has also been used previously to identify the fears of South African children affected by HIV/AIDS, to determine whether these children were a special population and experienced particular fears as a result of their circumstances, and this method enabled the expression of particular and individual fears (Zwemstra & Loxton, 2011). The use of the free option method in this study then was specifically chosen to elicit responses that were not predetermined in any manner.

The use of written questionnaires rather than interviews was also intended to ensure that there was as little interference as possible from the assessors. The questionnaires were kept as short and simple as possible considering that the participants were children and allowed for a greater number of participants than the interview method. A rating scale was included to further explore the intensity or level of fears reported by the participants. Levels of fear are generally rated in this way, using pre-determined scales as in the present study (Burkhardt & Loxton, 2008).

The questionnaire was pilot tested with 20 learners from a school in Wentworth, KwaZulu-Natal. The learners were asked whether they understood the contents clearly and for suggestions. The questionnaire was then finalized and administered to a sample of 163 learners from the same school. Results obtained from the pilot study indicated that the questions set out in the questionnaire were clearly understood by participants and would elicit responses in keeping with the research aim.

3.6 Data collection methods

Written permission for the study was requested and obtained from the Department of Education and permission obtained from the relevant school principals. Schools that were part of the sample were asked to select learners in the following three age groups: 13 – 14 years of age; 15 – 16 years; and 17 – 18 years. Information forms were handed to participants setting out clearly the purpose of the study, procedures and assurances of voluntariness, confidentiality and anonymity. All participants were asked to sign assent forms and consent forms were administered to all parents of minors taking part in the study (Annexure B).

Questionnaires (Annexure A) were administered at each of the schools by the school counsellors or life orientation teachers or equivalent available teachers under test-like conditions during life orientation lessons. This was to ensure accuracy in answering the questionnaires and to prevent participants from discussing their individual responses and influence each other. The administrator ensured that participants knew the purpose of the study and ensured them of anonymity and confidentiality. The participants were specifically asked to answer the questions as honestly as possible, impressing upon them that this is a scientific study. Administrators were also tasked to attend to any participant who appeared distressed during the administration of the questionnaire, and to address any language problems as the questionnaires were in English. The administrator gave participants the details of a counsellor who could be contacted if any of them wanted to speak privately with a counsellor after completing the questionnaire. A copy of the instructions given to the administrators is attached and marked Annexure C.

The consent forms, assent forms, and questionnaires were then collected by the administrator. A sealed ballot-type box was used for collection of the questionnaires to further ensure the anonymity of participants. The learners were thanked for their participation.

3.7 Data analysis methods

The questionnaire (Annexure A) used in this study and as part of the broader project had a demographic section and was then further divided into three sections, each with three questions for each of the domains mentioned - home, school, and community. The researcher in the present study focused on analyzing answers to the three questions in the third section relating to a child's fears and anxiety in their community or neighbourhood. The first question in each section related to the scariest event experienced in the last year by the participant in the relevant domain ("scary events"); the second to the level of fear experienced ("level of fear"); and the third to possible solutions participants believed could make them feel safer in that particular domain ("proposed solutions"). As already noted, the questions relating to scary events and proposed solutions were open-ended questions, requiring a form of content analysis and a coding strategy. The questions relating to the level of fear involved the use of a rating scale and responses could be tallied with no coding required.

Systematic content analysis was chosen to analyse the data collected from the questionnaires with regard to the open-ended questions relating to scary events and proposed solutions.

Content analysis has been defined as "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (Krippendorff, 2004). It has also been described as "the study of content with reference to meanings, contexts and intentions contained in messages" (Prasad, 2008, p. 1). Content analysis is thus

viewed as a scientific tool used to increase a researcher's understanding of the subject under study, find new insights, and as a base for information so that practical action can then be taken (Krippendorff, 2004). As such it is applicable to the present study, the purpose of which was to further understand what children are most fearful and afraid of in a South African setting and what possible solutions could be offered to help them feel safer in their communities. This information could then be used to inform future studies and interventions.

The overall aim of the analysis was to identify and then to analyse and report on “what” children experience as scary or upsetting; at what level they are afraid; and what they consider to be possible solutions; and to look for patterns in the data. An inductive approach was necessary for this, with the starting point being the children's views as expressed in the content of their answers in the questionnaire. Following the formulation of the research objectives and the development of the questionnaire as the source of communication content, the steps involved in the content analysis, adapted from Krippendorff (2004), included the following:

3.7.1 Development of content categories and coding strategy

The coding procedures followed for analyzing the scary events and proposed solutions were developed separately in response to the data supplied by participants. Each is discussed below.

3.7.1.1 Coding procedure for scary events

The coding procedure followed for analyzing scary events in a community setting in this study was based on the development of categories and a coding strategy previously

developed by Collings and Gopal (2013) using data and findings from the pilot study already mentioned above of 163 samples from a school in Wentworth, KwaZulu-Natal.

The categories and structure were developed in terms of the research objectives of the overall project and were conceptualized in terms of Stevan Hobfoll's COR theory with the aim of analyzing both the construct "fear" in a broad sense and understanding the fears of South African children. The central tenet of Hobfoll's COR theory is that, "[p]eople strive to obtain, retain, and protect that which they value" (Hobfoll, 1998, p. 55). Hobfoll (1998) refers to these "things of value" as resources which are valued either because they relate directly to survival (primary resources such as food, shelter and safety); or contribute indirectly by protecting or increasing the chances of obtaining primary resources (secondary resources such as financial security and social support); or permit better access to secondary resources (tertiary resources such as competence and social status). Stress then, or anxiety or fear, will occur when there is a loss of resources, a threat of such loss, or a failure to gain resources after an attempt has been made to do so (Hobfoll, 1998). Although there are a number of ways to categorize resources, the above method, based on a proximity to survival, is useful as it covers the full range of losses that could be experienced as sources of stress or fear for participants ranging from more direct threats to survival to losses involving social and financial support and lastly to those regarding self-actualisation. The hierarchical nature of the categories also offers an indication of the impact or level of loss or gain at different levels and could give a greater insight into understanding children's experiences of fear.

The investigation of children's fears in the pilot study data indicated that the various fears described in the sample could usefully be categorized as involving loss, threatened loss, or lack of: primary, secondary or tertiary resources. A number of sub-categories were identified

under each of the resource groups together with a description of the experience related to each sub-category to assist with the development of the coding strategy. These are detailed in Table 1 below.

Table 1
Resource Categories, Sub-categories and Experiences Adapted from Hobfoll's COR Theory (1998)

Category	Sub-category	Experience
Primary resources	Interpersonal threats to survival or physical integrity (trauma)	Direct, vicarious, or ambient exposure to interpersonal violence
	Non-interpersonal threats to survival or physical integrity (trauma)	Direct or vicarious exposure to non-interpersonal forms of trauma
	Threats to material resources	Theft, or damage to material possessions
	Threats to safety and physical well-being	Perceived dangers (natural, imaginary, or supernatural) as well as illness, pain and injury
Secondary resources	Threats to financial resources	Poverty and unemployment
	Threats to interpersonal resources	Death, loss and separation, and/or threats to the health of significant others
	Interpersonal problems	Family disputes, peer relationship problems, and problems with authority figures
Tertiary resources	Threat to the individuals sense of competence	Failure or under achievement
	Threats to the individuals social standing	Criticism, blame and punishment as well as challenges to the individuals sense of respect, dignity, and social standing

Collings & Gopal, 2013

The above subcategories were further broken down and defined in terms of examples from the data, and a detailed coding strategy was developed. On this basis, the data in the pilot study was independently coded by two raters with a high degree of inter-rater reliability ($Kappa = .967$). In cases of disagreement, the matter was discussed by the raters until

agreement was reached. The categories were found to be exhaustive while the hierarchical nature of the classification allowed for any lack of exclusivity to be dealt with by giving precedence to losses based on their proximity to survival, that is, to the primary resources. The derived categories were discussed with a sample of 20 participants from the pilot study and received confirmatory feedback (Collings & Gopal, 2013).

The coding strategy as developed above was then cross-validated by the researcher using data from the full sample of 312 learners from the Northern Province. Categories were once again found to be exhaustive and application of the proximity to survival rule was agreed on.

3.7.1.2 Coding procedure for children's proposed solutions

The researcher and two other researchers working on the broader project used a sample of 100 questionnaires each to immerse themselves in the data and develop categories for the responses to this question. The researchers distinguished between agents whom the participants felt they could rely on to help them find solutions and specific proposals or actions that could be taken in response to specific fears and fearful situations. These two broader categories were then further subdivided and exhaustive and inclusive subcategories were developed to cover all responses. Subcategories under agents included: community, police, government, peer support, school authorities, religious, self, and unspecified other. Those under specific proposals were: safety and security, health, policy, and other.

3.7.2 Preparation of coding schedules

Detailed coding rules were established and agreed for analyzing scary events and children's proposed solutions. These were formulated clearly and simply to allow for future replication and a coding schedule was prepared. A copy of the schedule and coding instructions for

scary events is attached and marked Annexure D; and a copy of the schedule and coding instructions for proposed solutions is attached and marked Annexure E.

3.7.3 Coding of collected data

Units of analysis were coded according to the schedules and rules developed. Coding was conducted by the researcher and two other coders working on the broader project to ensure reliability and replicability. Coding was done independently and then cross-checked. In cases of disagreement, the matter was discussed by the raters until agreement was reached. Inter-coder reliability was calculated and recorded using the coefficient of reliability.

3.7.4 Analysis of data

The coded data for scary events and children's proposed solutions and the ratings from level of fear were tabulated using Excell and then transported into SPSS for further analysis. Descriptive statistics were used to describe the most common fears experienced by participants (frequency), the level of fear experienced (rank order) and the proposed solutions (frequency). Correlations were calculated between common fears and level of fear and the demographic qualities of the participants were also analysed to consider the effects of gender and age on the findings.

Analysis was conducted at three levels looking at frequency and rating, first in the broad resource categories as identified by Hobfoll (1998), that is, fears relating to primary, secondary and tertiary resources. This was followed by an analysis of the principal content domains under each category and then a breakdown into more specific areas that emerged from the data as specific sources of fears within the broader categories. These results were analysed by looking at patterns that emerged from the data as categorized in terms of COR

theory and in terms of the literature in an attempt to understand which fears children in South African communities experienced most often, at what level, and whether any possible solutions could be found in the data from a child-centred perspective. An ecological systems framework was used in discussion of the results in an attempt to consider the data within the child's overall context.

3.7.5 Presentation of results

The results were then presented and discussed in terms of current literature and the research questions.

3.8 Reliability and validity

3.8.1 Reliability

The research design is clearly specified and could be duplicated in the future. A comprehensive record of the data and coding rules and procedures was kept to enable a systematic analysis. The coding of data was conducted by the researcher and cross-checked by two raters from the overall project working independently but applying the same recording instructions to ensure the possibility of replication of the analysis and increase reliability. Inter-rater reliability for the question relating to common fears was 95.9% and there was 100% agreement for rating on the question relating to children's proposed solutions.

3.8.2 Validity

Credible data collection techniques were used, involving a questionnaire with the use of open-ended questions and rating scale. The questionnaire was pilot tested with 163 learners at a school in Wentworth, KwaZulu-Natal and results of this test found that learners

understood the questions and answered appropriately. Categories developed for coding were further checked with 20 of the participants from the same school and were found to represent the fears expressed. They were found to be meaningful and understandable.

Sample representativeness was achieved through the administration of a large number of questionnaires to learners from schools across the North West Province. Stratified random sampling based on the school quintile system was used to ensure proportional representation across the range of socio-economic experiences. Overall 312 questionnaires were administered with 287 (92.0%) usable responses returned. The sample proved suitable for analyzing broad trends relating to children's fears but extreme caution is necessary for conclusions reached when looking at the more specific fears relayed by individual children.

In terms of socio-economic status the sample was proportionally representative of the population and of schools in the North West Province, with the majority of participants being from the same ethnic group (260; 90.4% black children); and the majority of children attending quintile 1 schools (32.0%). This is representative of schools in the North West Province where 36.7% of the schools are in the first quintile, and therefore strengthens the validity of the study. However, with the majority of participants being from the same ethnic group and overall 67% of participants falling into quintiles 1 to 3, which are non-fee paying schools, it was difficult to draw any comparisons based on ethnicity or socio-economic status.

Coding was conducted following researcher immersion in the data. Previous literature, including South African studies, were also considered, although, the current literature has not fully explored the concept of fear across the full range of domains explored in this study. Findings made by Collings and Gopal (2013) during the pilot study indicated a good fit with

Hobfoll's (1998) COR theory. Categories and subcategories developed on this basis proved exhaustive for all fears described in both the pilot study and the main study. The external validity of study findings will however, still need to be confirmed through further research.

3.9 Chapter summary

This chapter describes the research design and methodology used in the study which is quantitative in nature and uses a free option method for obtaining information about children's fears directly from children. This method was purposefully chosen so as not to place any preconceptions in the path of the participants in the hope of obtaining a true picture of their daily fears as experienced in their communities. Systematic content analysis was used for the coding of open questions regarding fear content and proposed solutions; and a rating scale was provided to obtain indications of the level of fear felt by participants.

CHAPTER FOUR

RESULTS

4.1 Sample profile and responses

From a total of 312 questionnaires, 287 (92.0%) usable responses were returned. The sample consisted of adolescent children ranging from 13 to 18 years of age ($M = 14.70$, $SD = 1.524$) all of whom were school learners from grades 7 to 11. The children were drawn from seven schools ranging from quintile 1 to quintile 5 in the North West Province (see Table 2). The sample was fairly evenly spread between male (121, 42.2%) and female (166; 57.8%) participants, and consisted of 260 (90.4%) black children, 21 (7.3%) coloured children, 5 (1.7%) white children and 1 (0.4%) Asian child (see Table 3).

Table 2

Schools Participating in the Study (Quintiles 1 – 5)

Quintile	Number of	Percentage of schools in the
	Participants	North West Province by quintiles
	n (%)	(%)
1	100 (32.0)	36.7
2	56 (17.9)	18.0
3	47 (15.1)	13.7
4	55 (17.7)	17.6
5	54 (17.3)	14.0

Table 3

Demographic Characteristics of Participants

Gender	Male = 121 (42.2%)
	Female = 166 (57.8%)
Race	Black = 260 (90.4%)
	Coloured = 21 (7.3%)
	White = 5 (1.7%)
	Asian = 1 (0.4%)
Age	Mean = 14.70
	SD = 1.524
	Range = 13-18 years
Grade	Grade 7 = 157 (54.7%)
	Grade 9 = 85 (29.6%)
	Grade 10 = 30 (10.5%)
	Grade 11 = 15 (5.2%)

Usable responses did not differ significantly from non-usable responses in terms of either age, gender, or grade as displayed in Table 4 below.

Table 4

Comparison of Demographic Characteristics of Participants who Submitted Usable and Non-usable Responses

Characteristic	Responses		Statistic	<i>P</i> =
	Usable	Non-usable		
Gender			$\chi^2(1) = 1.68$.195
Male (n)	121	14		
Female (n)	166	11		
Grades			$\chi^2(1) = 0.79$.375
Grades 7-9 (n)	243	22		
Grades 10-12 (n)	44	3		
Age				
Mean age	14.70	15.09	$t(282) = -1.00$.317

4.2 Presentation of results

4.2.1 Most common and scariest fears

In response to the question: “What is the scariest or most upsetting thing that has happened in your neighbourhood or community in the past year?” the most common fears identified from the sample were those involving interpersonal threats to survival or physical integrity (primary resource fears). These fears also proved to be the scariest fears as measured by responses to the question: “How scared or upset did it make you feel?” (not at all, a little, quite a lot, very, extremely).

At the broadest level of analysis children's fears were categorized as those associated with primary, secondary and tertiary resources, as illustrated in Table 5 below. Primary resource fears accounted for 176 (61,3%) responses, followed by 59 (20.6%) participants leaving the question blank or indicating that they had not experienced any fear, 38 (13.2%) describing fears relating to secondary resources, and 12 (4.2%) relating to tertiary resources. Primary resource fears were also experienced by participants as the most scary or fearful ($M = 3.65$); followed by secondary resource fears ($M = 3.11$), with the least scary level being tertiary resource fears ($M = 2.33$). The frequency and rating of resource categories did not vary as a function of either age or gender.

Table 5
Frequency and Rating of Fears by Resource Category

Resource category	Frequency	Rating
	<i>n</i> (rank)	<i>M</i> (rank)
Primary resources	176 (1)	3.65 (1)
Secondary resources	38 (2)	3.11 (2)
Tertiary resources	12 (3)	2.33 (3)

A breakdown of the resource levels into sub-categories indicates a clear confirmation of the extent of violence experienced in the community. Threats to the participants survival and physical integrity were experienced as both the most common (142; 49.5%) and ranked second for being considered the most scary ($M = 3.73$). Fears relating to the health of others, although not as common were considered to be extremely scary and ranked highest ($M = 3.89$). Table 6 below indicates the frequency and rating of these subcategories.

Table 6
Frequency and Rating of Fear Content Domains

Nature of resource / content area	Frequency <i>n</i> (rank)	Rating <i>M</i> (rank)
Primary		
Survival/physical integrity	142 (1)	3.73 (2)
Safety/physical well-being	6 (5)	3.50 (3)
Material resources	30 (2)	3.40 (4)
Secondary		
Financial insecurity	4 (8)	2.25 (9)
Death/separation	3 (9)	3.33 (5)
Health (others)	9 (4)	3.89 (1)
Interpersonal disputes/issues	22 (3)	2.91 (6)
Tertiary		
Underperformance/punishment	6 (6)	2.33 (7)
Respect/dignity/social standing	6 (7)	2.33 (8)
Correlation (frequency and rating)	$r_s(8) = .617, p = .077$ [not significant]	

At this level of analysis, no significant gender differences were found in the rating of fear content domains. Age did, however, appear to have some impact with the mean rating for interpersonal disputes among 13-14-year olds ($M = 2.00$) being significantly lower than the mean ratings for either 15-16-year olds ($M = 4.00$) or 17-18-year-olds ($M = 4.00$), $F(2,17) = 10.52, p = .001$.

At the most detailed level, categories were further subdivided in terms of the categories as set out in the coding schedule and analysed. The most common fears expressed related to

ambient exposure to interpersonal trauma in the community (75; 26.1%). This was the highest response obtained and was followed by children who reported that they had found nothing scary or upsetting in the past year (59; 20.6%). The following primary resource categories recorded the next highest percentages: vicarious interpersonal trauma (55; 19.2%); theft (17; 5.9 %); interpersonal violence directly affecting the participant (11; 3.8%); and damage to material resources (11; 3.8%). These scores were followed by a group of fears relating to secondary resources: family disputes (11; 3.8%); peer relationships (11; 3.8%); and health and wellbeing of others (9; 3.1%); then to tertiary resources: censure (6; 2.1%) and social standing (6; 2.1%). These were followed by: financial (4; 1.4%); death of significant others (3; 1.0%); natural dangers (2; 0.7%); imaginary and supernatural dangers (2; 0.7%); illness, pain and injury (2; 0.7%); and non-interpersonal trauma (1; 0.3%) (Table 7).

The level of fear as measured in terms of the same subcategories indicated that fears associated with primary resources were the scariest: non-interpersonal trauma ($M = 5.00$); imaginary and supernatural dangers ($M = 5.00$) and vicarious interpersonal violence ($M = 3.93$). This was followed by the health of others ($M = 3.89$) a secondary resource fear, and then five fears relating to primary resources: ambient interpersonal trauma ($M = 3.61$); natural danger ($M = 3.50$); direct interpersonal trauma ($M = 3.45$); theft ($M = 3.42$); and damage to material resources ($M = 3.36$). These were followed by: death of significant others ($M = 3.33$); family disputes ($M = 3.09$); peer relationships ($M = 2.73$); social standing ($M = 2.33$), censure ($M = 2.33$), loss of financial resources ($M = 2.25$) and illness, pain and injury ($M = 2.00$) (Table 7).

The correlations between the most common fears (frequency) and most scary fears (level of fear) was found to be not significant ($r_s(18) = .440, p = .060$) (Table 7). Although these

results have been presented, extreme caution is to be exercised in drawing any conclusions and in the interpretation of patterns at this level due to the small size of the sample. This is further discussed under the analysis of results.

Table 7

Frequency of Common Fear Manifestations and Scariest Fear Manifestations

Coding of Fear Manifestations	Most Common Fear Manifestations	Level of Fear - Scariest Fear Manifestations
0: Nothing	<u>0 = 59</u>	
1: P: Interpersonal trauma (direct)	3 = 75	4 = 5.00
2: P: Interpersonal trauma (vicarious)	2 = 55	6 = 5.00
3: P: Interpersonal trauma (ambient)	8 = 17	2 = 3.93
4: P: Non-interpersonal trauma	1 = 11	13 = 3.89
5: P: Natural dangers	9 = 11	3 = 3.61
6: P: Imaginary, supernatural dangers	14 = 11	5 = 3.50
7: P: Illness, pain and injury	15 = 11	1 = 3.45
8: P: Theft	13 = 9	8 = 3.42
9: P: Damage to material resources	18 = 6	9 = 3.36
10: S: Loss of financial resources	19 = 6	11 = 3.33
11: S: Death of significant others	10 = 4	14 = 3.09
12: S: Loss and separation	11 = 3	15 = 2.73
13: S: Health of others	5 = 2	19 = 2.33
14: S: Family disputes	6 = 2	18 = 2.33
15: S: Peer relationships	7 = 2	10 = 2.25
16: S: Problems with authority figures	4 = 1	7 = 2.00
17: T: Achievement	12 = 0	12 = None
18: T: Censure	16 = 0	16 = None
19: T: Loss of social standing	17 = 0	17 = None
<hr/>		
*P = Primary	Correlation between frequency and rating of fear manifestations	
*S = Secondary	$r_s(18) = .440, p = .060$	
*T = Tertiary	[not significant]	

It is also notable from Table 7 above that of the usable responses, 59 participants (20.6%) either left the question relating to scary events in the neighbourhood blank or indicated that there was nothing to fear. Of these, 48 participants (16.7%) specifically stated that they either had nothing to fear or indicated that everything in the community was satisfactory or positive, suggesting that they had not experienced anything as scary or upsetting in the community in the past year. Overall, nearly 80% of participants reported at least one scary or upsetting event.

4.2.2 Gender and age

The sample was quite evenly representative of females (166; 57.8%) and males (121; 42.2%). The frequency and rating of resource categories (see Table 5) did not vary as a function of either gender or age. An investigation of gender differences in the rating of levels of fear (see Table 6) indicated no significant gender differences. Age differences in ratings of level of fear also indicated no significant differences except for those relating to interpersonal disputes. The mean rating for interpersonal disputes among 13 – 14 year olds ($M = 2.00$) was significantly lower than the mean ratings for either 15 – 16 year olds ($M = 4.00$) or 17 – 18 year olds ($M = 4.00$), $F(2,17) = 10.52, p = .001$.

4.2.3 Children's proposed solutions

In response to the question: “What do you believe could happen, or what could anyone do, to make you feel safer in your neighbourhood or community?” the majority of coded responses from the participants (87.4%) indicated that an agent or “other” should be responsible for taking action to make them feel safer. Only 12.6% responses gave specific proposals that were directed towards a solution to the issues or events that they had indicated as things that had made them feel afraid in the past year. Of the agents whom participants felt could make a difference, the majority indicated that the police (35.9%) should or could be of assistance. This was followed by the community as a whole or members of the community (26.4%) and then by family members (6.9%). The full results for all subcategories coded are set out in Table 8 below.

Table 8

Frequency of Responses Relating to Proposed Solutions through Agents or Specific Proposals

Responses	<i>N</i>	Agents (person/ agent/ body)	<i>N</i>	Specific Proposals (actions)	<i>N</i>
No. of responses	312	Community	61	Safety and security	8
Non-useable responses	48	Police	83	Health	1
Blank or no suggestion	45	Family	16	Policy	1
Usable responses	219	Government	4	Other	19
No. of coded responses (*)	231	Peer support	3		
		School authority	0		
		Religion	1		
		Self	4		
		Unspecified other	30		

(*) Some participants gave more than one suggestion

4.3 Chapter summary

This chapter presented the results of the study. A sample profile was provided and results were presented in terms of the most common and scariest fears experienced by participants, followed by demographic findings and participant's proposed solutions. Discussion of these results follows.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

Initial discussion focusses on the choice of instrument used for assessment of child fears and centres on the methodology and analysis used in this study and how this affected and impacted on the results. This is to enable a clearer and more meaningful analysis of the results and facilitates a discussion relating to the conceptualization of “fear” among children both more broadly, and in respect of South African children particularly. The application of Hobfoll’s (1998) COR theory as a model used in this study for categorizing and understanding children’s fears proved to have heuristic value and is discussed in light of findings from both the current study and patterns that have emerged from a number of previous studies in the literature which are supportive of its main tenets.

Although there is overlap, results from the following three areas of focus will be discussed in turn: most common fears; scariest fears; and children’s proposed solutions. The analysis of any demographic similarities and differences that emerged from the data are also discussed.

5.2 Choice of instrument

The choice of instrument, that is a questionnaire using both open-ended questions and a rating scale, was made on the basis of this being an exploratory study aiming at obtaining a better understanding of children’s fears in their communities. The questionnaire was kept deliberately simple and short, with three questions for each of the domains: family, school and community. Results from the pilot study discussed above and the usable responses (92.0%) obtained in the principal study indicated that the questionnaires were clearly

understood by participants and that answers given were able to be interpreted and applied in terms of the coding schemes developed and rated. The questionnaire included three sections relating to each of the domains discussed as being part of the broader project (family, school, and community), with analysis in this study focusing only on the third domain (community). Participants were, however, requested to answer all three sections at the same time and the impact of this is discussed in further detail below.

5.3 Most common fears

5.3.1 Application of COR Theory

The question relating to common fears was left open-ended so as not to place any preconceptions in the way of the participant's responses. Further, as elucidated above in the method section, a coding strategy was developed to encompass the broad range of responses invited by this method and provided by participants in the current study in terms of Hobfoll's (1998) COR theory. Hobfoll (1998) describes three broad categories of resources that are valued by individuals and society and which are likely to cause stress, fear, or anxiety in cases where these resources are lost, threatened, or where there is a failure to gain or hold resources following attempts to do so. Once again for clarification, these categories relate to primary resources which are required for survival; secondary resources which include tools used in protecting or accessing primary resources; and tertiary resources such as social status which are more symbolic in nature but allow greater access to secondary resources (Hobfoll, 1998). These domains can be considered hierarchical, with those considered closest to survival (primary) having a greater impact on an individual and the value he or she places on the resource and therefore on the loss of the resource as well (Hobfoll, 1998). Coding in terms of these categories proved exhaustive and the subcategories itemised within each

domain allowed for a broad picture to emerge relating to the frequency and type of various fears and anxieties expressed by the participants.

5.3.2 Primary resources and COR principles

Results relating to what adolescents believed were the scariest or most upsetting things that had happened in their neighbourhood or community in the past year clearly indicated that primary resource fears were both the most common fears experienced by participants (61.3%) and the most scary (3.65) (Table 5). This category of fears includes threats relating to both interpersonal and non-interpersonal trauma, threats to material resources needed for survival, and threats to safety and well-being that may include perceived dangers as well as illness, pain and injury (Collings & Gopal, 2013).

5.3.2.1 Hierarchical nature of resources and present findings

Much like Maslow's theory (1968) which is also hierarchical in nature and where physical needs must be met before social and psychological ones can be attended, Hobfoll's primary resources relate to the basic need for survival that will override other fears until they are met (Hobfoll, 1989; Hobfoll, 1998). By way of illustration, the fears of living in an unsafe and violent community, which threaten one's safety and survival (for example, fear of being killed or assaulted) will override all other fears. A child living in a different or possibly safer and non-violent community may experience other primary resource fears that do not involve interpersonal trauma (for example, fear of animals or of the supernatural). Secondary resource fears would then follow and involve the fear of losing financial or social support (such as the loss of family support or a friendship) and finally tertiary fears relating to self-achievement (for example, the fear of doing badly in a test at school).

Each successive level of resources, although further from survival, aid a person's chances of protecting and accessing primary resources. Secondary resources help access or protect primary resources (for example, a supportive social network or family could offer protection from physical harm), while tertiary resources are supportive of secondary resources (for example, achieving well at school could help both financially and socially) (Hobfoll, 1998). Hobfoll (1998) views this type of classification, which is made on the basis of proximity to survival and is thus hierarchical in nature, as helpful as, "it may indicate how impactful a loss or gain would be at different levels of the hierarchy" (p. 60). The assumption following from this is that fear of loss of resources that would directly affect one's survival would be of the greatest concern for most people and would be felt most strongly.

The hierarchical nature and relative importance of primary resources are borne out in the results of the present study. Primary resource fears discussed above were in a clear majority (61.3%) and associated with more intense fear ($M = 3.65$); followed by secondary resource fears (13.2%; $M = 3.11$); and with tertiary (4.2%; $M = 2.33$) proving to be the least common fears, felt at the lowest intensity (Table 5).

5.3.2.2 Comparisons with previous studies

Although classified differently in previous studies, a preponderance of primary resource type fears (fears relating to survival) have been found to be both the most common and the most intense fears experienced by children (Burkhardt, 2002; Burkhard, 2007; Mellon, Koliadis & Paraskevopoulos, 2004; Ollendick et al., 19996).

The most common method for assessing fear in children has been to obtain self-reports through the use of fear survey schedules, the most often used being the revised versions of

Scherer and Nakamura's (1960) Fear Survey Schedule for Children (FSS-FC): Ollendick's (1938) Revised Fear Survey Schedule for Children (FSSC-R) and Gullone and King's (1992) FSSC-II (Gullone, 1999). Categories for measuring fears in terms of these schedules are generally described in terms of a factor structure. Ollendick's FSSC-R, for example, consists of five-factors: fear of danger and death; fear of the unknown; fear of failure and criticism; fear of injury and small animals and medical fears (Ollendick, 1983). A similar but slightly different five-factor structure was chosen for the South African Fear Survey Schedule for Children (FSSC-SA) – fear of danger and death, fear of the unknown, fear of small animals and minor threats to self, large animal fears, and situational fears (Burkhardt et al., 2012). After administering the adapted FSSC-SA to South African children, Burkhardt (2007) found that although contemporary items were reported by participants, overall the 10 most common fears reported were still similar to those found elsewhere in the world. This is in keeping with the statement that “the content of fear is similar across different countries and cultures, where the FSSC-R and its adaptations, are administered” (Burkhardt, 2007, p. 173).

The most common fears, when using an FSS, have consistently been found to be death and danger related (Lane & Gullone, 1999; Muris et al., 1997). Findings from Burkhardt's (2007) study also reported responses that were “skewed towards endorsement of higher level fears” – fear of getting HIV, of not being able to breathe and sharks being reported by nearly 70% of participants (Burkhardt et al., 2012, p. 573). In a study assessing and comparing the fears of children and adolescents across four countries (America, Australia, China and Nigeria) Ollendick et al. (1996) found that the most common fears across those countries related to danger and death, and failure and criticism; with the top six fears relating to danger and death. Mellon et al. (2004) also report that Hellenic children when tested on the FSSC-GR reported their greatest fears as being objects or events that could injure or kill them and refer

to these as being consistent with the “adaptive nature of fears” (p. 251). In terms of Hobfoll’s (1998) COR theory, they would be considered fears that related to primary resources.

These patterns were evident in a comparison of studies using versions of the FSSC- R (Burkhardt, 2002; Burkhardt, 2007; Mellon et al., 2004; Ollendick et al., 1996) (see Table 9). In all these findings the majority of the top most common items reported, when categorized in terms of Hobfoll’s COR and the coding strategy developed in this study (Collings & Gopal, 2013), related to primary resource fears (or in FSSC-R terms, to fears of danger and death) – basically, those that relate directly to the survival of the individual. Secondary and tertiary fears, when reported are less common (see Table 9). This comparison across studies lends support for the conceptualization of fear or stress for children across the levels set out in Hobfoll’s (1998) COR theory. It further appears that while primary resource fears are experienced universally, the secondary and tertiary resource fears may depend on other factors, such as the context and living conditions of the participants. This is discussed in more detail below; but would require further research for validation.

5.3.2.3 Categorising fears and resources

While similar patterns have emerged across the literature in regard to normative fears experienced by children; studies making use of FSS’s and those adapting existing survey schedules have categorized the most common fear items in terms of factors using factor analysis to find meaningful groupings or what is generally termed a factor structure (Burkhardt, 2007; Burkhardt et al., 2012). Such structures generally, therefore, are more descriptive of common item variance rather than being explanatory in nature. Burkhardt et al. (2012) deduce from their conceptual 5-factor model that, “the construct of fear among middle aged children is multidimensional,” that it is similar to the factor structures found in

earlier studies, and that differences may be related to differences between cultures (p. 579).

While such a conceptualization may be useful in providing insight into the nature and prevalence of normative fears across samples; it does not provide a basis for explaining why fears may be clustered in certain patterns, or for the emergence of items that are particularly contextually and individually based.

Table 9

Rankings of the 10 Most Common Fears Found in Various Studies and Categorized in terms of the Coding Strategy Developed in terms of Hobfoll's (1998) COR (Gopal & Collings, 2013)

Current Study	Burkhardt (2002) FSSC- R	Burkhardt (2007) FSSC-SA	Mellon et al. (2004) FSSC-GR	Ollendick et al. (1996) FSSC-R (America, Australia, China, Nigeria)
(1) Ambient interpersonal violence (P) (2) Vicarious interpersonal violence (P) (3) Theft (P) (4) Direct interpersonal violence (P) (5) Damage to material resources (P) (6) Family disputes (S) (7) Peer relationships (S) (8) Health of others (S) (9) Censure (T) (10) Social status (T)	(1) Not being able to breathe (P) (2) Being hit by a car or truck (P) (3) Falling from high places (P) (4) Getting a shock from electricity (P) (5) Getting lost in a strange place (S) (6) Bombing attacks – being invaded (P) (7) Germs or getting a serious illness (P) (8) Death or dead people (S) (9) A burglar breaking into our house (P) (10) Fire – getting burned (P)	(1) Getting HIV (P) (2) Not being able to breath (P) (3) Sharks (P) (4) Being hit by a car or truck (P) (5) Lions (P) (6) Falling from high places (P) (7) Bombing attacks – being invaded (P) (8) Bears or wolves (P) (9) Getting a shock from electricity (P) (10) Tigers (P)	(1) Being hit by a car or truck (P) (2) Bombing attacks – being invaded (P) (3) Not being able to breathe (P) (4) Getting a shock from electricity (P) (6) Falling from high places (P) (7) A burglar breaking into our house (P) (8) Having my parents argue (S) (9) Germs or getting a serious illness (P) (10) Failing a test (T)	(1) Not being able to breath (P) (2) Hit by car or truck (P) (3) Bombing attacks (P) (4) Earthquakes (P) (5) Fire – getting burned (P) (6) Falling from high places (P) (7) Failing a test (T) (8) Having my parents argue (S) (9) Getting poor grades (T) (10) Death / dead people (P)
*P = Primary *S = Secondary *T = Tertiary				

The use of categories in terms of Hobfoll's (1998) COR theory, however, allows for a broad range of items to be explored within the three levels: primary, secondary and tertiary, with each level representing different types of resources, the loss (or threat of loss) of which would result in psychological distress for the individual. This model allows for an account of possible explanations as to why children are more or less fearful at certain levels and thus to explain the prevalence of certain fears within a particular level, such as the primary level which are resources closely related to the survival of the individual.

5.3.2.4 Understanding fears in terms of resources and context

Various principles set out in COR theory stemming from the basic tenet that stress is caused by a loss or threat of loss of resources, or "things" that are valued by a person are important to consider in this regard. The first principle states: "[r]esource loss is disproportionately more salient than is resource gain," suggesting that resource loss will have a greater effect on psychological distress than resource gain (Hobfoll, 1998, p.62). So, for example, acute stress will therefore result from rapid resource loss, such as in the case of disasters or in the event of sudden illness (Hobfoll & Lilly, 1993). Further, Hobfoll (1998) infers that people need to invest resources so that they can prevent and recover from losses, thereby emphasizing the important role played by resources in dealing with stressful situations. Importantly, especially when looking at stress and child fears in a community situation, Hobfoll (1998) also posits that "those with greater resources are less vulnerable to resource loss and more capable of orchestrating resource gain" while "those with fewer resources are more vulnerable to resource loss and less capable of achieving resource gain" (p. 80). This would be a particularly important consideration in a South African context where the effects of apartheid have resulted in vast inequalities and a lack of resources in many communities (Barbarin 1999; Barbarin et al, 2001).

A full understanding of fear, stress and adversity would therefore require an understanding of the resources available to an individual, bearing in mind that resources are not just objects but also include conditions, personal characteristics and energies such as knowledge, time, and money (Hobfoll, 1989; Hobfoll & Lilly, 1993). This is in keeping with an ecological perspective that includes looking holistically at the individual and his or her environment; and appears to comprise a sound basis for further exploring the nature of fears and child adversity.

Understanding of fear in context is particularly important for the focus of the present study which is exploring child fears in a community setting. As argued by Hobfoll and Lilly (1993) the concept of “resources” is important in community psychology and intervention work as they are both concerned with access to and the fair distribution of resources; and community change is often difficult when resources are scarce. The authors also point to the central role of resources in empowerment theory: “Those who are empowered will do well because they have access to the resources necessary to control their lives and positively affect their environments. Those who lack power, in contrast, have limited access to opportunities to protect themselves or to gain access to resources available to others in the society” (p. 128 – 129). A closer look at the fears that children have in their neighbourhoods could then hold valuable meaning for intervention work when conceptualised in terms of resources. Results of this study from the more detailed content domains and items within the primary, secondary and tertiary resource groupings therefore require discussion as well.

5.3.2.5 Primary fear manifestations

Although similar patterns have emerged across studies as discussed above, quite clear differences are also apparent in studies that have used different methods, for example, when use has been made of either an FSS or the free option method (Lane & Gullone, 1999; Muris et al., 1997). This is particularly evident when looking at the more detailed items that are reported as fearful events rather than at the broader picture or wider content domains. It has already been clearly set out in the method section why the free option method was chosen in this particular study and the discussion here will focus on the results received using this method as supported by the framework provided in Hobfoll's (1998) COR theory. It is important to consider these findings in light of the South African context and the communities in which the participants live. An item content comparison will then also be made with a South African study (Burkhardt, 2007) making use of the FSSC- SA (Section 5.3.6).

The assumption from the data collected showing a preponderance of primary resource fears; and from the research which gives a clear indication of high levels of violence in many South African communities (Seedat et al, 2009; Shields, 2008; Reckson & Becker, 2005); is that most participants in the current study are living in dangerous communities and are afraid foremost for their survival (physical integrity) as it appears that they are often in physical danger. This is borne out in the results which show that within the primary resource category a breakdown into sub-categories or content domains (Table 6), indicates that the most common fears involved threats to the participant's survival and physical integrity (49.5%). This subcategory includes fears relating to the participant having experienced interpersonal trauma (violence) either directly ("direct exposure"), or as a witness ("vicarious exposure"), or having an awareness of violence in their community ("ambient exposure"). Of these, and

excluding participants that reported no fear, ambient exposure to interpersonal trauma in the community was reported most often (32.9%), followed by vicarious exposure (24.1%) and then direct exposure (4.8%.) (Table 7). These results are a further confirmation of the literature which gives a clear account of the high levels of violence and resulting trauma experienced by children in South African communities and the general lack of safety that they experience (Burton, 2006b).

Numerous studies have reported on the high incidence particularly of community violence (Barbarin & Richter, 1999; Barbarin et al., 2001; Foster et al, 2004; Gopal & Collings, 2013; Shields et al., 2008; Ward et al., 2001); and the need to take into the account the effects of this violence, the effects of apartheid, economic inequality, and adverse living conditions (Barbarin 1999; Barbarin et al, 2001). The high frequency of exposure to ambient violence together with a high level of fear in this regard also provides an indication that children are negatively affected not only by direct trauma but also by what is happening in the neighbourhood. This is in keeping with findings by Shields et al. (2009) who reported that both observing and hearing about violence can have a strong negative effect on children. The probable explanation given relates to the effect this has on a child's sense of on-going safety (Shields, 2008). The importance of considering ambient exposure to trauma is also in keeping with an ecological systems perspective which takes into account the different levels of influence in a person's environment and the context of the person (McLeroy, 1988).

Although the various forms of interpersonal trauma were individually coded as either direct, vicarious or ambient exposure to interpersonal trauma, they were not subdivided further or coded in terms of specific acts or types of violence. However, some forms of interpersonal trauma were specifically mentioned by participants with sufficient frequency to warrant

further investigation and provide possible reasons for the high level of interpersonal violence reported in the study. Uppermost appears to be unsolicited reports of gang-related activity. Despite not being specifically surveyed, gang activity was specifically mentioned and tallied separately after coding by the researcher. Results indicated that a total of 42 (14.6%) participants specified that their greatest fear related to some form of gang activity or violence. Of this number 30 (71.4%) specifically named a gang, the Born to Kill (or BTK's). These figures are not necessarily reliable in the sense that other incidents relating to violence may also have been gang-related but because the participants were not asked to specify the source of fear the incident of violence may have been mentioned in more general terms. Study findings do, however, provide an indication that *at least* 14.6% of the participants had experienced some form of gang activity over the past year. Gang violence is also reported in the literature as being a widespread and pervasive problem in many of South Africa's communities (Reckson & Becker, 2005; Boqwana, 2009). Boqwana's (2009) findings also indicate that gang activity results in negative psychological effects for children including fear and anxiety.

Another form of interpersonal violence that was specifically tallied within this coding category related to rape which was reported by 9 participants. Although this only accounts for about 3% of the participants, sexual abuse was not specifically addressed in the questionnaire and true prevalence figures are likely to be higher. Responses in this regard also indicate that rape is not uncommon, for example: "They was a man who wanted to rape me" (Participant 133); "There was a young girl who was raped" (Participant 146); and "They rape other children" (Participant 243). Unacceptably high rates of sexual violence and rape are also reported in the literature (Seedat et al., 2009).

Reference was also made to xenophobia and attacking foreigners in the community by at least 9 participants. Participant 182, for example, states: “Community or South Africa were against the foreigners and that made me feel very upset.” The community (as a group) was also cited as either being involved in fighting or attacking or beating people by at least 23 participants, indicating high levels of violence in the community. Participant 275 says: “I was scare when community kill someone who stole their things,” and Participant 173 states: “When the community is hit people who is doing bad things in the area.” Participant 235 sums up the position in the following way, “my community always fought last year.” Again these figures can be considered as baseline figures rather than an accurate reflection of the frequency of these incidents and should therefore be treated with caution. They do, however, together with the spoken words of participants, provide an indication that children in the study were confronted by very real (primary) fears which constituted a threat to their survival, and indicate a community that is subjected to high levels of violence and, in some cases, lawlessness.

Specifically coded as sub-categories of primary resource fears, “theft” (taking of property not involving victim contact) was the second most common fear experienced by participants overall (5.9%); and “damage to material resources” (3.8%) ranked fifth (Table 7). Although interpretation at the level of these subcategories also requires great caution the effects of crime and violence in the community on individual fears are apparent.

5.3.3 Secondary resources

Secondary resources are the so-called “tools” that increase a person’s chances of protecting and accessing primary resources (Hobfoll, 1998). The fears categorized at this level were reported as the second most common fears (13.2%) and second scariest ($M = 3.11$) (Table 5).

Sub-categories at this level included: family disputes (11; $M = 3.8\%$); peer relationships (11; $M = 3.8\%$); and health and wellbeing of others (9; $M = 3.1\%$) (Table 7). In terms of COR theory family and other social supports would be valued as a means of protecting or gaining primary resources (Hobfoll, 1998). This is in line with findings from various studies which have pointed to the importance of family support as moderating the effects of violence for children (Barbarin et al., 2001; Shields et al., 2008; Shields et al., 2009). The role of peer groups and community support networks have also been considered as playing an important role in decreasing the negative effects of exposure to violence (Barbarin et al., 2001). While these resources are clearly important it appears from the large difference between primary resource fears (61.3%) and secondary resource fears (13.2%); that those resources considered important for survival of the individual are, in most cases, deemed the most common and most fearful. However, the significant role played by secondary resources in protecting children from the fears that play out at a primary level cannot be underestimated and are discussed in more detail below (Section 5.3.5).

5.3.4 Tertiary resources

In keeping with Hobfoll's (1998) hierarchical structure, the least common (4.2%) and least scary ($M = 2.33$) were tertiary resource fears relating to an individual's sense of competence or social standing (Table 5). Subcategories here included censure (6; 2.1%) and social standing (6; 2.1%) (Table 7). These results, indicating a low frequency of fears relating to tertiary resources in comparison particularly to primary and secondary resources, generally support the supposition that fears relating more closely to survival will overshadow those that do not present imminent danger to the individual. The presence however of these fears does indicate that tertiary fears, which are often not represented on commonly used fear surveys, do require consideration. A study by Burnham (2009) looking at a revision of the FSSC-AM,

and stressing the need for keeping abreast with the contemporary fears of youth, found that responses to an optional open-ended question at the end of the FSSC-AM asking “what else makes you...scared” included concerns about school-related and personal/social issues such as “not graduating,” “my appearance,” and “prejudice/ not being accepted,” (p. 31). In terms of Hobfoll’s (1998) COR theory these fears would relate to tertiary resources. In a South African context, Seedat et al. (2009) also refer not only to the lack of social, medical, and mental health services in communities; but also to a lack of access to sources of status and respect. A lack of these resources are considered barriers to wellbeing, and their significance as part of an overall supportive structure for an individual is further discussed below.

5.3.5 Nested structures

The discussion above, relating particularly to secondary and tertiary resource type fears, must take into consideration that the questionnaire used in this study for assessment had separate questions relating specifically to fears and anxieties at home, at school, and in the community (the latter being the focus of the study). This could mean that fears relating to secondary and tertiary resources, for example family or peer support or school achievement, may have been emphasized more by participants in the questions relating to the home and school and less in relation to community. Further, participants may have been focusing more specifically on wider community issues in the question coded for this study, and thus results at these levels may be under-reported. An investigation across all three domains (family, school, community) as part of the overall project would therefore be necessary to confirm or give further insight into the individual findings in each study, especially in relation to the secondary and tertiary resources that play a role in maintaining and protecting the primary resources that are so essential for survival, and which have been strongly recognized in the study as the principal fears experienced by participants in the last year.

The importance of this is evident following a closer examination of COR theory. COR theory is described by Hobfoll (2001) as “integrating the individual-nested in family-nested in tribe, set in social context” (p. 338). Tribe is used by Hobfoll (2001) to refer to social groupings beyond the family level, and includes both informal groups including friends and more formal groups such as organisations and communities. Hobfoll (2001) stresses that this perspective of the individual as part of his or her social context is essential for understanding the greater picture and that looking in isolation at or presuming that any particular level is of greater importance than the other would result in a limited view. Further, various resources, from the personal to the economic and social, are considered valuable in the process of protecting oneself from stress or anxiety, with many of these resources providing benefit not only in their own right but also because of the role they play in maintaining what Hobfoll (2001) refers to as “strong resource reservoirs” (p. 349). Examples here would include strong social support (secondary resources) and self-efficacy (a tertiary resource) (Hobfoll, 2001). The importance then of the various levels of resources as presented in this study in terms of Hobfoll’s (1998) COR theory lies not only in looking at findings in regard to their prevalence at a particular level (highest at a primary resource level), but to take into consideration the interactive nature of the model in an attempt to further understand some of the complex processes at work. This can only be done at the broader level of the overall project.

5.3.6 Creating a picture: Effect of method of assessment

The free option method used in this study resulted in a wide array of responses from the participants which were usefully categorised in terms of Hobfoll’s (1998) COR theory as discussed above, giving a full picture of the range of fears experienced by participants in their communities. The results in the present study differed to a large extent in relation to the

items of fear from those of Burkhardt's (2007) study which made use of the South African Fear Survey Schedule for Children (FSSC-SA). A comparison of the present study with Burkhardt's (2007) is useful especially in relation to results obtained using different methods, specifically the use of a fear survey schedule (Burkhardt) and a free option method with open questions (current study).

As already discussed it has been found that children are influenced by the method that is used to gather information about their fears (Muris et al., 1997; Muris et al., 2000); and that the structuredness of the questionnaire plays a role in findings regarding the commonality of reported fears (Burkhardt & Loxton, 2008). It is therefore pertinent to look at a comparison between the two studies, although any conclusions must be drawn with the utmost caution especially as the two studies have used different sample groups drawn from different areas in South Africa, different sample sizes, and have also, importantly, looked at different age groups. Burkhardt's (2007) study focuses on middle childhood children (8 – 12 years); and the present study focuses on adolescents (13 – 19 years). Normative research looking at age and development in relation to children and fears show that numbers and content of fears may change with age (Elbedour et al., 1997; Gullone, 1999; Gullone & King, 1997). The current study is also specifically focused on looking at adolescent fears in the community and neighbourhood and therefore has a more specific objective than a general exploration of children's fears. However, as there are few systematic studies focusing on child fears in a South African context, a comparison may still prove useful. Table 10 below shows a comparison between the 10 most common fears as derived by Burkhardt (2007) using the FSSC-SA and the 10 most common fears reported by participants in terms of the present study.

Table 10

A Comparison of the Rank Order for the 10 Most Common Fears from Burkhardt's (2007) Study Using the Results of the FSSC-SA and the Current Study Using the Free Option Method

Burkhardt's (2007) Study: FSSC-SA			Current Study: Free Option Method		
Items	No.	%	Items	No.	%
(1) Getting HIV	507	78.48	(1) Interpersonal trauma (ambient)	75	26.1
(2) Not being able to breathe	451	69.81	(2) Interpersonal trauma (vicarious)	55	19.2
(3) Sharks	443	68.58	(3) Theft	17	5.9
(4) Being hit by a car or truck	442	68.42	(4) Interpersonal trauma (direct)	11	3.8
(5) Lions	436	67.49	(5) Damage to material resources	11	3.8
(6) Falling from high places	424	65.63	(6) Family disputes	11	3.8
(7) Bombing attacks-being invaded	423	65.48	(7) Peer relationships	11	3.8
(8) Bears or wolves	405	62.69	(8) Health & wellbeing of others	9	3.1
(9) Getting a shock from electricity	405	62.69	(9) Censure	6	2.1
(10) Tigers	401	62.07	(10) Social standing	6	2.1
			- Nothing to report / fear	59	20.6

Burkhardt (2007) p. 144

In Burkhardt's (2007) study the most feared item for middle school South African children was "getting HIV." This item was included in the FSSC-SA even though it was only mentioned once in her preliminary study using semi-structured interviews to obtain normative data from South African children for the development of the FSSC-SA. Burkhardt's justification for this inclusion is based on the relevance of such an item considering the AIDS epidemic in this country and is in keeping with the importance of considering the child's context. However, the question needs to be raised whether the item is actually the most feared item by participants in her study or whether it is simply the most negatively perceived item. This question is in line with criticism levelled at fear survey schedules in general for possibly assessing the perception of fears rather than the actual daily fears experienced by children (Muris et al., 1997; Muris et al., 2002). The question also

becomes more pertinent in light of findings from the present study where the most common fears relate to interpersonal trauma and violence and reflect the very real environment and violent communities that many South African children are a part of.

The most common fears in the present study relating to exposure to interpersonal violence in the community were clearly the most prevalent fears followed closely by vicarious interpersonal trauma (second) and direct trauma (fourth); with the different forms of interpersonal trauma accounting for 64,5% of all fears reported. Levels of violence in many South African communities is extremely high (Barbarin & Richter, 1999; Barbarin et al., 2001; Foster et al., 2004; Gopal & Collings, 2013; Shields et al., 2008; Ward et al., 2001); and the effects of this and other adversity such as poverty and crime must, it seems, play a role in the fears and anxieties of children. This is apparent from the results of the current study and the responses provided by participants which paint a picture of what life is actually like in their communities and which things they are actually fearful of on a daily basis. This is illustrated by the following statements from participants in response to the question asking what the scariest or most upsetting thing was that had happened in their community in the past year:

Participant 3: “the community didn’t live well because crime was there”

Participant 20: “the gangs was fighting with guns”

Participant 26: “I was see two people fight and other one he came to me and beat me
[I] was so scared in that day”

Participant 35: “see my community beat someone who stolen a cable”

Participant 106: “A person got shot in front of my eyes”

Participant 292: “Every night we hear a gun shot thinking we could get shot”

Such a picture of the “living” community and daily fears of children are not well reflected by the use of a survey schedule which limits children in terms of the items presented. The inclusion of “getting HIV” is relevant, but perhaps so too would be the inclusion of other issues of relevance such as, for example, violence, poverty and crime; necessitating a full exploration directly with children in an open-ended manner.

Burkhardt’s (2007) results using the FSSC-SA indicate many animal fears (sharks, 68.58%; lions, 67.49%; bears and wolves, 62.69%; tigers, 62.07%) as compared to the results from the present study in terms of which natural dangers, which would include the fear of animals, did not make the top 10 list and account for only 0.7% of reported fears. Again the question arises regarding the use of method: whether the survey schedule is measuring more a child’s perceptions towards particular fears (for example, it would be very frightening to be attacked by a tiger) rather than a child’s actual everyday fears (there are no tigers in South Africa); although they may be alive in a child’s mind through presentation in the media. This could apply to other fears which feature highly as some of the most common fears experienced by South African children, for example, “falling from high places” and “not being able to breath.” Further, secondary and tertiary resource fears, although they do not feature as highly as primary resource fears in the current study, still have a place for certain participants. Secondary resource fears such as family disputes and peer relationship were each reported by 3.8% of participants and 3.1% of participants were fearful about the health and wellbeing of others. Regarding tertiary resource fears, fear of censure and social standing were each reported by 2.1% of participants. These fears are, however, not present in the top 10 fears found most common in the Burkhardt (2007) study. Again, however, it should be

remembered that the participants are from different age groups and this could also explain the differing results.

Although, as emphasized earlier, caution must be applied in such a comparison, this investigation does indicate that further research is required using different or a combination of methods and that results obtained using only a single method should be considered critically. This would apply to the present study as well, which used only the free option method and a rating scale. Limitations in this regard are discussed more fully under section 5.7. below. Further exploration is also encouraged by Burkhardt et al. (2012) even following the development of the FSSC-SA, particularly in an African context. The study of Hellenic children by Mellon et al. (2004) found that the addition of a blank item at the end of the FSSC-GR elicited responses that were not part of the fixed items in the FSSC-GR and shed light on further fears experienced by the participant children. These included fears relating to sharks, drugs and war/terrorism which the researchers planned to include on a revision of their survey scale. This too would indicate the benefit of a combination of methods and/or an awareness of the shortcomings of a limited exploration.

Updating surveys and the addition of contemporary fears is also recommended as was done in a study by Burnham (2009) using the FSSC-AM with American children and adding an optional question: “What else makes you or people your age afraid, scared, or fearful?” (p. 29). Responses to this question were used to generate new fears for revision of the FSSC-AM to ensure assessment of fears actually experienced by children in their daily lives, many of which related to societal anxiety issues such as “snipers at school”, “Bin Laden,” and school- related and personal/social issues such as “not graduating,” “peer pressure” and

“racism” (Burnham, 2009). The importance of finding out from children what their current fears are in their particular contexts is clearly evident.

5.3.7 Strength amidst adversity

Overall it needs to be noted that only 59 (20.6%) participants either left the question relating to common fears blank or stated that they had nothing to fear, indicating that just under 80% of participants reported that they had experienced at least one scary or upsetting event in the past year (Table 7). This suggests a high level of adversity for children, especially in light of the findings above indicating that the most common fears relate to interpersonal violence in the community, which in turn suggests a violent and unsafe living environment. However, despite this, it is also notable that 48 participants (16.7%) did not just leave the question blank but specifically stated that they either had nothing to fear, felt safe, or were positive about their community. Examples include: “nothing bad happened” (Participant 188); “nothing at all” (Participant 263) or “not at all” (Participant 242). These responses indicate that these participants did not experience anything in the community as scary or upsetting in the past year. In light of the majority of responses from other participants indicating that levels of violence are high, these particular responses which suggest feelings of safety and a lack of fear, raise interesting questions regarding whether these particular participants constitute a resilient subgroup or are in some way sheltered from the violence and adversity experienced by other participants in the sample.

Various other South African studies have found that not all children appear to suffer negatively despite adversity and violence and point to moderating effects such as child resilience, family support and organization, religiosity and various aspects of family and individual control (Barbarin et al., 2001; Shields et al., 2008; Shields et al., 2009). As

indicated earlier results of the 2012 National School Violence Study also showed that a high percentage of learners participating in the study felt safe in their neighbourhoods despite high levels of violence (Burton & Leoschut, 2013). Possible reasons advanced for these findings included normalization of and desensitization towards crime and violence owing to their continuing pervasiveness in the individual's daily life (Burton, 2006a; Burton & Leoschut, 2013). Further and more in-depth investigation of these issues among participants who appear to display a resilience to adversity would appear to be strongly recommended.

In terms of Hobfoll's (1998) COR theory, supportive structures (or moderating effects) may be provided for the protection of an individual's primary resources through secondary resources (such as family or financial support) and tertiary resources (such as individual competence). An investigation that considers an individual child's resources, or lack thereof, at all these levels may well prove useful in further understanding some of the issues raised in this section. Another important consideration is Hobfoll's (2001) view that a lack of resources might not be as harmful to an individual's distress as actual loss or threat of loss of any resources that are present. This is evident in cases where people have shown an ability to stay resilient even in situations where there are limited resources in the environment (Hobfoll, 2001). This is further reason to explore any sources of support or resilience that enable some participants to perceive that their wellbeing is unaffected by what a majority of others find to be distressful circumstances that cause fear and anxiety.

5.4 Most scary fears

A rating scale was chosen to give an indication of the level of fear experienced by participants so that they could indicate how scared they felt ranging from "not at all" scared to "extremely" scared. The use of a rating scale is the usual practice when measuring levels

of fear (Burkhardt & Loxton, 2008). As already noted above, primary resource fears which were found to be the most common were also considered the scariest fears (61.3% of participants; $M = 3.65$), followed by secondary resource fears (13.2% of participants; $M = 3.11$), and then tertiary (4.2% of participants; $M = 2.33$) (Table 5). This is an indication that the majority of children had experienced at least “quite a lot” of fear and further that those who expressed fears relating to tertiary resources experienced lower levels of fear. This is once again in keeping with Hobfoll’s (1998) COR theory and the hierarchical structure discussed above with fears closest to survival being likely to be considered the scariest. This is supported further by findings from the rating of fear content domains (Table 6) which indicated that primary content domain fears relating to the participant’s survival and physical integrity ranked second in terms of intensity ($M = 3.73$); those relating to safety and physical well-being ranked third ($M = 3.50$); and those relating to material resources ranked fourth ($M = 3.40$).

Examining secondary resource fears more closely at the level of fear content domains (Table 6), however, indicates that fears relating to the health of significant others were considered to be extremely scary and ranked highest ($M = 3.89$). This could relate to, for example, fear relating to the illness of a parent or other known person. Fears relating to death and separation of significant others were also experienced at high levels of intensity and ranked fifth ($M = 3.33$). Examples of such fears could include death of a parent, divorce or separation from a significant other. Considering the high moderating effect attributed particularly to the support of family members and parental support to shield one from violence and adversity (Barbarin et al., 2001; Garrido et al., 2010; Shields et al., 2008); the fear of loss in this regard could be expected to be extremely high. Hobfoll (1998) also stresses the importance of supportive resources and argues that the youth, like the elderly,

will have the greatest need for such support. Fear, then, would be considerably high for a child who loses a parent, for example, as this entails not just the loss of a loved parental figure but also the loss of a secondary resource (social support) which could aid in protecting the child against primary resource loss and without which the child's survival (at the primary resource level) could be endangered.

Taking an even closer look at responses from this sample revealed that a majority of participants who reported fears in this category (health of others) said that they had felt afraid when people they knew were involved in car accidents, for example: "When my sister got a car accident" (Participant 215). This participant rated his fear as "extremely" high. Participant 100 said: "The scariest thing happened to me is when my friend was hited by car," which was rated as "very" scary. These references relate both to losses or potential harm to significant others (sister, friend) and are therefore supportive of the argument made in the paragraph above relating to the importance of social support, and to a prevalence of fear in relation to car accidents.

References to car accidents also arose in other subcategories and were mentioned, once again without being specifically asked, as scary events by at least 7 participants and were generally considered to be very scary. The 'most scary' category in the detailed analysis (Table 7) related to a non-interpersonal trauma event which related to witnessing a car accident. Once again, however, extreme caution has to be taken when interpreting ratings at this level as in many cases the small sample size skewed results. In this sub-category there was only one participant and the results therefore cannot be generalized. However, it is clear that these events can cause considerable distress as is evidenced by the response from Participant 164: "A person got hit by a car and his brain came out of his head. I could have vomited. They

should not call me to see that scene.” This and other references to car accidents are consistent with findings by Seedat et al., 2009 that the high incidence of road traffic mortality and accidents in South Africa affects children both directly and indirectly when people they know are involved in accidents. Such sources of distress, beyond interpersonal violence, therefore also need to be considered when looking at child fears and their wellbeing.

As already stated, results presented on the most detailed level of analysis (Table 7) need to be treated with extreme caution due to the size of the sample and conclusions can only be drawn in the most general terms. It can however be observed that there is a wide range of types of fears that caused a considerable amount of fear among the participants and that it is therefore useful to explore fears broadly.

The correlations between the most common fears (frequency) and most scary fears (level of fear) was found to be not significant ($r_s(8) = .617, p = .077$) (Table 6). This means that the most common fears found in this study were not necessarily always strongly correlated to the most intense or frightening fears. A possible explanation for this is that the most common fears related to ambient interpersonal violence. This involves an awareness of violence in the community and would contribute to feelings relating to lack of safety. Although such fears may be felt persistently they would probably not be felt as intensely or at such a high level as direct violence which is experienced less often or in cases involving, for example, a serious car accident as with Participant 164 (above) which was found to be “extremely” scary. It would, however, be useful to test this correlation further with a larger sample.

5.5 Demographic characteristics

Demographic information obtained from the questionnaires included gender, age, grade and name of school (cf., Table 3 above). Overall, it is noteworthy that there were very few differences found as a function of the demographic characteristics of the participants. This is further discussed below in relation to findings regarding each of the demographic characteristics and in terms of current literature.

5.5.1 Gender

The participants in the study were fairly evenly representative of both females (166; 57.8%) and males (121; 42.2%); enabling results to be correlated to check for differences in both the frequency and level of fears. Results indicated that the frequency and rating of resource categories (Table 5) and frequency and rating of fear content domains (Table 6) did not vary as a function of gender; indicating that there were no significant differences between males and females in the type of fears that they experienced most commonly. An investigation of gender differences in the rating of levels of fear also indicated no significant gender differences.

Current literature on gender differences in relation to content and level of fear and the effect of violence have offered differing results with some studies showing some significant differences between the sexes (Foster et al., 2004); and others finding no significant differences (Barbarin et al., 2001; Shields et al., 2008). After an indepth look at studies internationally, Burkhardt (2007) concludes that the majority of studies have found gender differences as a result of issues such as gender role differences, expectations, and peer group differentiation. She does however also note that, “gender differences or the lack thereof, are consistent across distinct cultures,” indicating differing results across different cultures

(Burkhardt, 2007). Results of Burkhardt's (2007) study show that the content of fear for middle childhood boys and girls were relatively the same, but that girls tended to express more fears than boys and with greater intensity. Shields et al. (2008) also point out that the lack of difference in their study may have been reflective of the extremely high levels of violence in the community. This may suggest that particularly where primary resource fears are concerned and children are in "real" danger in relation to their survival that difference between the sexes are not as apparent. This would be in keeping with the results of the current study where the most common fears relate to primary resources but would require further and proper validation.

5.5.2 Age

The purpose of the study was to obtain a better understanding of adolescent children's fears from the perspective of the child. The sample consisted of adolescent children ranging from 13 to 18 years of age ($M = 14.70$, $SD = 1.524$) all of who were school learners from grades 7 to 11. Although the sample was predominantly made up of grade 7 participants (54.7%); there were learners represented from grade 9 (29.6%), grade 10 (10.5%) and grade 11 (5.2%). The mean age of 14.70 indicates the majority of participants were younger adolescents and further research would be encouraged to obtain a better understanding of the fears of older adolescents.

The frequency and rating of resource categories (Table 5) did not vary as a function of age. Further, age did not have a significant impact on the frequency and rating of fear content domains (Table 6). The only significant difference in regard to fear content domains was found in regard to "interpersonal disputes," with the mean rating for interpersonal disputes among 13-14-year olds ($M = 2.00$) being significantly lower than the mean ratings for either

15-16-year olds ($M = 4.00$) or 17-18-year-olds ($M = 4.00$), $F(2,17) = 10.52$, $p = .001$. This appears to provide a different picture to findings in the literature. A meta-analysis of peer conflict resolution undertaken in United States indicates that with increased age coercion generally declines across peer relationships and that this accompanied by an increase in negotiation (Laursen, Finkelstein, & Betts, 2001). This should lead to a decrease in interpersonal disputes. In a review of research on adolescent development Smetana et al. (2006) note that bullying behavior generally decreases with age, although this was not supported in a study by Smith & Gross (2006). Once again, it may be that factors such as context and the presence of high levels of violence will have an effect on normative results. Exposure to high levels of violence and poly-victimisation have been found to increase the risk of victims becoming perpetrators and exhibiting increased violence against others (Seedat et al., 2009). The argument advanced by Shields et al. (2008) that there may be an “exposure accumulation” effect with older children would be another possible explanation (p. 599). The researchers argue that the effect of age on distress may not be linear at all and that individuals may rather experience peaks at different times of their lives. This could also account for the fact that the frequency and rating of resource categories and content domains did not vary overall as a function of age. This would be congruent with the results which indicate that the most common fears experienced were those related to primary resources and that the context in which most of the participants are living appears to be a violent one. This is in contrast to the normative fears of adolescents who are “most often linked to fears of failure and social criticism” (Burkhardt, 2007, p. 40).

5.5.3 Ethnicity

The final sample of 312 pupils consisted of 260 (90.4%) black children, 21 (7.3%) coloured children, 5 (1.7%) white children and 1 (0.4%) Asian child. The high percentage of black

participants in the final sample in comparison with other ethnic groups meant that any correlations on the basis of ethnicity was not feasible. It is, however, notable that as discussed above only 59 (20.6%) of children in the sample either left the question relating to common fears blank or specified that they had nothing to fear; indicating that nearly 80% of participants reported something that had made them scared or upset in their community in the past year. This suggests a high level of fear among the population sampled and is in keeping with research by Burkhardt (2007) and Burkhardt et al. (2012) who found that black children in this country displayed the highest numbers as well as highest level of fears when compared to coloured and white children. Burkhardt (2007) suggests that reasons for this would include the inequalities inherited from apartheid policies; poor socioeconomic and living conditions; and the presence of violence in communities.

5.5.4 Socioeconomic status

As the sample was stratified in terms of the school quintile system and schools were then selected randomly from within each category proportionate to the size of each quintile when compared with the overall population in the North West Province, there was a preponderance of schools from quintile 1. As already discussed under sampling, schools are characterized in terms of quintiles based on their poverty ranking with quintile 1 representing the poorest schools and quintile 5 the wealthiest. Quintiles 1 to 3 are all schools that do not pay school fees. The sample was made up of 32.0% of participants attending quintile 1 schools and overall 65% attending schools from quintiles 1 to 3; indicating that a preponderance of participants came from similar low socioeconomic status communities (Table 2).

Correlations between different socioeconomic groups were therefore not feasible in this study but would be recommended for future research as the literature suggests that socioeconomic

status does have an impact on the expression of fear in children. Further, children of lower socioeconomic status have generally been found to be more fearful (Burkhardt, 2007).

It would be of particular interest to consider Hobfoll's (1998) COR as applied to fears in this study across socioeconomic groups in light of the limited opportunities that people and communities of low SES have in accessing resources at various levels. Hobfoll (1998; 2001) is of the view that people with less resources are more susceptible to further resource loss and find it more difficult to access new resources which would mean that underprivileged or lower socioeconomic groups are subjected to the limitations present in their living environment. This also means that individuals who are economically disadvantaged or living under adverse conditions may find that they need to be constantly engaged in behavior that Hobfoll terms "reactive coping" (rather than "proactive coping"), which in turn leads to a decreased ability to increase their resource pool and can lead to further resource losses (Hobfoll, 2001, p 353). This would be particularly important to consider when assessing the fears and anxieties of children and their abilities to cope with fear and anxiety on a daily basis across different socioeconomic groups.

5.6 Children's proposed solutions

The question relating to proposed solutions, that is, what participants believed could happen, or anyone could do, to make them feel safer in their community, was left open-ended so as not to restrict children's responses or to impose adult preconceptions as with a survey type schedule. Coding was looked at in terms of two broad categories: people or agencies that could assist the child with a solution ("agents"); and specific proposals that required some form of action in response to particular problems ("proposals"). Results indicated that the majority of adolescents believed that action needs to be taken by other people or agencies

(87.4%). Of this figure a very small percentage (1.7%) indicated they believed that they themselves could play a role in the solution. Only 12.6% of the coded responses gave a specific proposal relating to some action they believed could be taken in response to their issue relating to fear (Table 8).

This reliance of the participants on others, mainly adults, to help them is not surprising as children are often reliant on others, especially at a young age. It may also be argued that since fears relating to primary resources (and hence to survival) were most prevalent as discussed above, the serious nature of such fears demands adult intervention and protection for children. A sense of helplessness amid the violence that is so prevalent in many of the communities was evident in these responses which may well be seen as a call for help and support, especially in relation to cases of interpersonal violence. A real sense of hopelessness is captured in the words of Participant 55, who responded that she was extremely scared as a result of the presence of the B.T.K's (the Born to Kill gang) in the community, but in response to the question asking for possible solutions said: "no body could do anything."

The child's reliance on the support of others and the effect of his or her environment can also be viewed in terms of Hobfoll's (1998) understandings of the importance of resources and culture. Hobfoll (1998) views different age groups as having different needs for culture and stresses that the "greatest need for culture" lies with both the young and the elderly as these groups are more vulnerable to resource loss and require structures within the culture to support them (p. 46). The results point quite clearly to the lack of power and resources given to children, resulting in their own feelings of hopelessness and inability to take action themselves. Prilleltensky et al. (2001) point to the importance of enabling children to become agents of their own futures by increasing their access to resources, ensuring their participation

in policies and programmes that affect them; and increasing their sense of self-efficacy and competence. As far as the researcher is aware, this study and the overall project of which it is a part, is one of the few attempts to involve participants in looking for a solution to their fears and worries. Although it does not go far enough at this point in including participants in the research itself, it is a first step towards hearing from children whether they believe anything can be done and who should do it.

Of the agents whom participants felt could make a difference, the majority indicated that the police (35.9 %) should or could be of assistance. Closely related to this were a number of participants (3.5%) who advocated for specific safety or security to be put in place, such as street lighting and cameras. This would be in keeping with the high figures indicating that the most common fears of participants related to interpersonal violence in the community and a need for protection and to feel safer. The literature also indicates that crime is viewed as a real problem in many neighbourhoods (Burton & Leoschut, 2013), and the call for police involvement would therefore follow.

Involvement of the community in a solution was seen by 26.4% of the participants as necessary. The important role of the community in changing the foundations for child abuse (Garbarino, 1977); playing a role in the prevention of violence (Krug et al., 2002); and of including community support in mental health interventions (Prilleltensky et al., 2001) have been well recognized. Further, the importance of rebuilding a supportive and caring environment in communities has been stressed (Barbarin & Richter, 1999; Barbarin et al., 2001). This should also be considered in light of comments made by participants in response to the question relating to scary events where many participants (at least 23) reported that their fears related to events which involved the community acting as a body and indicating a

high level of violence and conflict from community members. Participant 267 states: “Our community loves to fight each and every day;” and this is backed up Participant 235 who says, “my community always fought last year.” References have also already been made above to community members attacking foreigners and people in the community who have been caught stealing, resulting in high levels of fear for participants. Although about 14% of the overall participants either did not answer the question or indicated that there was nothing to be afraid of in the community, there were very few positive responses. Participant 282, however, did state: “Our community is great because they watch us.” The research indicates that communities are clearly a sphere of influence in the life of children and involving communities in interventions relating to children’s fears is therefore strongly recommended.

Family members (6.9%) were also considered important in playing a role. Although the figure is not as high as other agents mentioned above, the questionnaire administered did have a separate section relating to proposed solutions in a family environment and the section relating to this study was focused particularly on community. The important role played by the family in moderating the effects of distress in children has been highlighted in the literature (Barbarin et al., 2001; Sheilds et al., 2008); as has the effect of community or social disorganization on the family (Ward, 2007; Zielinski & Bradshaw, 2006). Once again the importance of the individual child’s surrounds, as viewed in terms of an ecological framework considering the broad picture and interaction between the various levels, cannot be stressed enough and calls for holistic approaches to intervention work.

COR theory, with its focus on the importance of socio-cultural context and loss and gain of resources generally advocates interventions which aim at changing an individual’s or group’s resources and/or their environment (Hobfoll, 2001). This view is in keeping with findings

above regarding the important role played by different agents in a child's environment, of the importance of considering the child's overall environment, and the obstacles or support systems that are a function of the child's overall stress or anxiety. Hobfoll (2001) stresses the importance of "removing obstacles to people's successful application of resources or altering environments so that they better fit the resources of those in the environment" (p. 362). Focusing on a supportive environment would be particularly necessary when working with children.

5.7 Limitations

The study was conducted in the North West Province of South Africa and this context needs to be noted and the effects on generalizability of the results of the study taken into account. Study findings may well be specific to certain areas, for example, levels of violence in particular neighbourhoods or references to specific forms of gang violence in the community, and could then not be generalized. The size of the sample, while large enough to give a broad understanding of adolescent children's fears on a level relating to primary, secondary and tertiary resources; was not large enough to explore child fears and anxieties on a more detailed level without using extreme caution in drawing conclusions.

The participants in the study were largely from the same ethnic group, with black children accounting for 90.4% of the participants; and a majority of participants from quintile 1 schools. Given this fact it was not possible to draw any conclusions regarding correlations across ethnic groups or cultures. Further research in this regard is recommended as earlier studies have found differences between cultural groups both internationally (King et al., 1989; Elbedour et al., 1997); and locally (Burkhardt, 2003; Burkhardt, 2007; Burkhardt et al., 2003; Burkhardt et al., 2012; Muris et al., 2008). It was also not possible to draw any

conclusions relating to socioeconomic status which would prove very useful particularly relating to fears in a community setting. Further study in this regard is recommended also in light of the application of Hobfoll's (1998) COR theory to childhood fears. Questions relating to whether, for example, secondary or tertiary resource related fears would be more apparent across cultures or among different socioeconomic groups would be of interest in assessing the impact of availability of different types of resources on childhood fear and wellbeing.

The questionnaires were in English only and this may have resulted in some difficulties for participants whose first language is not English. Administrators were requested to assist in this regard and to explain questions in languages spoken commonly by participants.

However, the data suggest that many of the participants were not fluent in English and found it difficult to clearly express their fears. A few answers were also similar to others, indicating that some of the participants may have been unsure and discussed their answers. Coding of the data allowed for a category 99 or "no sense" category and it was found that 8% of the responses were not useable. Although there was actually a high level of usable responses (92.0%); a fair level of interpretation was also required by the coders to make sense of some of the language used. The researcher needed to continually be aware of and monitor her own subjective position when interpreting the data to ensure that it was the data itself, the words of the children, that was brought to the fore. The possibility of bias in this regard cannot be discounted although coding rules and replication were used to ensure that this possibility was decreased as far as possible.

Further, the questions relating to common fears asked children to describe briefly what the scariest or most upsetting thing was that had happened "in the past year." As such the question is limiting when considering more complex questions relating to child fear and

distress such as the number or array of fears that may play a part in a child's distress and which may be established through using, for example, the fear list method. Issues such as prior victimization, acute or chronic exposure, and poly-victimisation can also not be assessed using this method. Although the rating scale used in the questionnaire was used to assess the level of fear, it remained unclear whether the scary events mentioned were isolated incidents or whether they were ongoing sources of fear.

The use, therefore, in this study of only one particular kind of self-report measure to assess children's fears and anxieties provides a more limited picture than the use of multiple methods. A combination of methods has been recommended in order to obtain a more liable picture (Lane & Gullone, 1999). Other measuring instruments have also been recommended in earlier studies including third-party reports from parents of the children and teachers (Burkhardt & Loxton, 2008). Free option methods may also be combined with fear surveys to give a more comprehensive picture (Muris et al., 2000). Further, Gullone (1999) reports that it has been found that an interview is one of the most efficient methods of learning about a participant's experiences, although these can be costly and time-consuming. Children in the present study may have been unable to express or show the depth of their experiences in the questionnaire which had limited space provided for answers. This is, however, an exploratory study and could be followed by a more in-depth study using interviews and focus groups; and also looking at children from marginalized groups that have not been included, for example street children who do not attend school.

Finally, although this study is part of a broader project which has the overall intention of considering children's fears widely across three domains (family, school, and community); the focus here remains on fears in the community. This is limiting in scope and does not

present a full picture as envisioned by the overall project and which is in keeping with an ecosystemic framework. This study does, however, form an essential part of that project and offers a base for further work in looking at children's fears across all these domains.

5.8 Chapter summary

This chapter discussed findings of the study and presented limitations. The methodology used in this and previous studies relating to child fears was discussed comparatively. The use of Hobfoll's (1998) COR theory in the study was explained and its relevance was considered. Results indicating high levels of fear in relation to fears falling into the primary resource category, including particularly fear of interpersonal violence, were highlighted and related to the high levels of violence experienced in South African communities. Demographic characteristics and differences were considered and children's proposed solutions were discussed highlighting the need for more policing and community involvement.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 How scared are our children?

The majority of children who participated in this study reported being scared in the last year. Just under 80% (79.4%) of participants reported at least one scary event. These events ranged from more ordinary fears like being scared of the neighbour's dog, falling off a roof, and car accidents to fears that go beyond the normal and involve crime, gangsters, rapes, beatings and murder. Results indicated that the most common fears reported and the most scary fears related to primary fears (those relating directly to survival) and particularly to fears that threatened the survival and safety of the child. Various forms of interpersonal violence and theft were rated as the most common fears experienced; and by far the highest numbers reported that they were afraid as a result of exposure to ambient interpersonal violence, an awareness of violence in the community. The results therefore provide a sense of fear and lack of safety in the community.

In contrast to many studies, fears relating to imaginary and supernatural dangers (monsters and ghosts), and natural dangers (animals and thunder storms) were each reported by less than 1% of the participants. A clear indication is given in the study that children today, living in South Africa, are confronted with real fears and dangers in their lives; and that there appears to be little space left for the imaginary ones (monsters under the bed) of an ideal childhood in a safe neighbourhood. This is also backed up by figures relating to violence and abuse in the literature with the World Health Organisation declaring violence to be a major public health problem (Krug et al., 2002); and in the South African context, Seedat et al. (2009) stressed the urgent need to prioritise the prevention of injury and violence. Does this mean that we need to look at childhood fears differently? Many past studies have focused

largely on “normal” fears; in an attempt to explore patterns relating to content, frequency and intensity (Gullone, 1999). It appears that this is not enough and more is needed to understand which fears can actually be considered normative across different environments and at different points in time; the complexity of childhood fears generally; and the complexity of this fear in a South African setting.

6.2 Towards an understanding of the complexity of children’s fears

The complex processes relating to an understanding and assessment of child fears was summed up some time ago by Graziano et al. (1979) as follows:

“The many variables involved and their interactions result in a complexity that provides many points at which to focus research. Briefly, fear stimuli may be internal, external, or both and may vary in content, number, intensity, and duration. The child’s responses involve combinations of psychological, cognitive, and overt behavioural events, all of which may vary in latency, intensity, and duration and with changes in stimulus conditions. The child’s responses, overt or covert, may act on any of the stimulus and response variables, modify them and thus occasion change in any parts of the process. All of these processes are immersed in social settings that contribute further sources of variation” (p. 826).

It is now more than thirty years later and it appears that this complexity remains. Further, more recent studies have found that child fears may be even more complex than earlier envisaged especially in relation to children who have experienced multiple forms of adversity and violence. Such exposure has led to what is now referred to as poly-victimisation, with children who have experienced one form of victimization being caught in a cycle of violence

and becoming more vulnerable to other forms and ongoing victimization (Cluver et al., 2010; Finkelhor et al., 2007a; Finkelhor et al., 2007b). In South Africa, researchers have recognized that high levels of poly-victimisation require a holistic approach to child victimization which needs to take into account the complexity of surrounding circumstances (Collings et al., 2013a). In keeping with this, an ecological perspective has been widely recommended for better understanding children and adversity (Garbarino, 1977; McLeroy et al., 1988; Prilleltensky et al., 2001; Ward, 2007; Zielinski & Bradshaw, 2013).

Despite a clear recognition of this need, there remains no comprehensive model to describe and fully explain childhood fears. As already discussed above, most studies have focused on children's "normative" fears which have been useful for establishing in the main, "developmental patterns with regard to fear content, frequency, and intensity" (Gullone, 1999, p. 91). By and large these studies have provided data on the number and type of common fears that children across different cultures experience, predominately through the use of fear survey schedules which have proved to be the most common tool of assessment (Gullone, 1999). This type of assessment has been criticized at various levels and particularly questions have been raised in relation to whether the fears reported are actually the fears that are experienced on a daily basis by children and therefore affect their behavior and functioning (Muris et al., 1997). Results obtained in such surveys are generally grouped and defined in terms of a factor structure (using factor analysis), such factors being derived from the items of fear that have been commonly found and grouped together descriptively. Although this provides an indication of patterns or trends in the data, this type of structure does not provide any explanation as to why any particular fears are dominant or more or less frequent than others; and assumptions on this basis can only be made by looking at the results and thereafter at the surrounding context.

It is clear from the results of various studies that some childhood fears are indeed universal (for example, those relating to death, danger and survival) (Burkhardt, 2007; Mellon et al., 2004; Ollendick et al., 1996); while others differ across cultures (Burkhardt 2003; Burkhardt 2007; Burkhardt et al., 2012; Elbedour et al., 1997; King et al., 1989); and others may be particularly unique to the individual and his or her circumstances (Graziano et al., 1979). It appears necessary then to look widely at child fears and not only at what is considered normative or universal but also toward the realities of particular contexts in which children find themselves.

The implications of the present study, using Hobfoll's (1998) COR model as a basis for describing and assigning children's fears, is that the use of the model provides a heuristic structure or basis on which to not only assess children's fears but also to offer some explanation. The value of the model has been borne out in the results of the current study which found Hobfoll's dominant categories of primary, secondary and tertiary resource fears to be exhaustive and the preponderance of fears to lie in the primary domain. These fears relate to resources that are necessary for survival and would therefore be considered paramount for the protection of the self. A threat of loss in this area would therefore be felt most strongly; followed by secondary and tertiary resource fears. The scope of the model across all three levels also allows for an investigation of fears that not only affects survival but also looks towards resources that would support primary resources. On a secondary level, these relate to social support, attachment and financial security. Support structures such as these (for example, family and other caring adults) are considered important in moderating the effects of violence and fear in children (Barbarin et al., 2001; Garrido et al., 2010; Shields et al., 2008). On the following level, tertiary resources, relating to individual competence and

social status, will in turn support the acquisition of secondary resources. Access to sources of status and respect have also been found to contribute to overall wellbeing (Seedat et al., 2009). The multiple laying of this model and principles already set out by Hobfoll (1998) in terms of COR theory relating to the importance attached to loss of resources, therefore provides a structure for not only describing child fears but also for offering an understanding of the how and why of those fears. In keeping with an ecological perspective and the broad definition of resources provided by Hobfoll (1998) not only is it the child him/herself that is important, but also the child's environment and whether he/she has access to resources that could promote safety and wellbeing.

The ecosystemic perspective understands mental health as a relationship between the person and their environment and therefore stresses the importance of the balance between the system and the individual needs within a system (O'Connor & Lubin, 1984). This is in keeping with Hobfoll's (1998) COR theory which stresses the "needs" of the individual in terms of resources, the loss of which causes stress or anxiety (Hobfoll, 1998).

Bronfenbrenner's model proposes that child development evolves through the interaction of processes between the individual and persons, objects and symbols in his or her immediate environment (proximal processes); and is affected by or varies in terms of a child's characteristics, his or her overall environment and the nature of the developmental outcomes (Bronfenbrenner, 1995, 1997). This view of the child embedded within a system that is either supportive or unsupportive of the individual child's needs and which includes characteristics of the child can be well paired with Hobfoll's (1998) view of resources (things valued by the individual) that are important for both physical and mental wellbeing. A loss or threat of loss of resources clearly results in psychological distress for the individual, especially in situations where resources are scarce. Prilleltensky et al. (2001) are of the view that clinical and

community issues should not be separated and that interventions developed for individuals need to draw on the resources in communities and in this way to enable individuals to gain personal power. Hobfoll and Lilly (1993) also argue that “resources” in a broad sense are central to community psychology, particularly regarding access, distribution and change. This is very pertinent to the exploration of child fears within a community setting as in the present study and highlights the important role played by the community.

Hobfoll’s (1998) COR is useful not only for obtaining a broad picture of a child’s stress and fear within his or her own context in an ecological systems sense; but can also be used across cultures as it allows for different manifestations of fears within the broader structure. The resources which are so valued by individuals and include object resources, personal resources, condition resources and energy resources have what Hobfoll (1998) describes as a “common thread” in that they are all “intimately related to survival for the individual, existing within a social network of family, friends and organisations” (Hobfoll, 1998, p. 56). Again, this fits well an ecological view of the individual nested within structures in their environment and the reciprocal interaction that takes place between them. Hobfoll (1998) also argues that although the order of importance may differ within different cultures particularly where different values are upheld, “[b]ecause of the common basis of human survival, most of these resources are valued across cultures” (Hobfoll, 1998, p.56). This means that although there may differences among cultures and some resources may be more sought after than others, the framework will still be a valid one; especially where it is considered hierarchically. Hobfoll (1998) is of the view that this could provide an understanding of the effect a loss or gain of a particular resource might have on the individual and therefore on his or her level of stress or fear. In this regard, Hobfoll (1998) states: “A classification made on the basis of proximity to survival might be helpful because it is

hierarchical and may indicate how impactful a loss or gain would be at different levels of the hierarchy. It may also provide insight into research on how resources come to be valued” (p. 60).

Further, Hobfoll’s (1998) COR theory as applied to child fears in this study, and allowing for differences among and within its various levels, could be useful in making comparisons across various groupings, for example, gender, age and socioeconomic status. The structure provided would not, for example, be bound by the developmental age of the subject and could be used with both children and adults. This could prove useful in making comparisons between groups. However, in light of the limitations of this study set out above (Section 5.7), especially in relation to a small sample size from one geographical area in South Africa, further research would be required to cross-validate the findings set out here and the potential use of such a structure. This would be particularly interesting if tested across socioeconomic groups to establish whether patterns of fear are the same or different, depending on the availability of and access to, for example, material resources in impoverished communities.

As already discussed, however, poverty is more than a lack of income (material resources) and has been defined as a multidimensional concept that involves a variety of factors including a lack of access for resources needed for survival and various opportunities to participate in community life. Poverty is therefore linked not only to the resources of the particular person or family but also to the community (Ratele, 2007). Here also, resources are therefore considered more broadly in much the same way as Hobfoll (1998) views resources which includes not just objects but also personal, condition and energy resources. Considering Hobfoll’s (1998) COR theory in relation to the individual wellbeing, socioeconomic status and the community could provide valuable results; especially prior to

the development of community interventions. This could be important in understanding child fears in the community domain; and for considering changes in patterns of fear as impacted by both individual and community wellbeing or disorganisation.

In this regard, an important principle expounded by Hobfoll (1998) in terms of COR states that those who have greater resources are less vulnerable to resource loss and more capable of acquiring more resources; while those who have fewer resources are considered more vulnerable to loss of further resources and less capable of resource gain. In practice this is important to bear in mind in a South African setting due to the vast inequalities of our society; and once again, looking across socioeconomic groups could prove very meaningful. The view that clinical and community issues cannot be separated, as noted above by Prilleltensky et al. (2001), becomes even more pertinent in this light, as it becomes clear that changing an individual without changing their access to resources, may well be futile. Looking at a more holistic picture requires looking at the community as a whole, and access to resources not only by the individual but also by the community in which the individual lives.

6.3 Assessing child fears in the context of child adversity

Much discussion in this paper has already centred on the method used to assess child fears and the importance of a contextually relevant instrument in a South African setting. Overall, it has been recommended that a combination of methods will yield the most information (Gullone, 1999); and that further investigation is sorely needed as child fears, despite their importance, are seen as a largely under-investigated area, especially in an African context (Burkhardt, 2007). The results of the present study support the need for further investigation and would also propose the use of various methods including more indepth interviews for a

more insightful view of individual fears and anxieties. Further research to test the use of the methodology used in the present study and relating to Hobfoll's (1998) COR theory has also been strongly recommended above.

What also arises from the data collected and the discussion above regarding the complexity of fear relates to the need for a wider conceptualization and understanding of child "fear" in the sense that it appears, from both a theoretical (ecological) stance and a practical one, that fear itself is not an isolated concept that can easily be defined. This is especially the case if the aim of the research is to ultimately decrease the level of fear felt by children and thereby increase their wellbeing. We have seen that normal childhood fears are adaptive and part of a child's overall development. However, we have also seen that many children today are faced with so-called "real" fears and dangers that are beyond the normal and from which they are unable to escape because of their living environments. Although such fears may be experienced normatively in, for example, a particularly violent community, their impact cannot be considered in the same terms as normal childhood fears. Fears in the latter category are often ongoing and require particularly an assessment of a child's environment and overall adversity. Is it necessary then to talk of "healthy" or adaptive fears and of "unhealthy" or maladaptive fears?

This study has loosely used the terms fear, anxiety and stress as the overall aim has been to find out directly from children what makes them "scared" or "upset" in their community, whether these relate to normative fears or not. The next step would then surely be to discover whether the fears discovered are adaptive or not, and whether they affect the overall healthy development of the child. As most of the fears reported in the study related to interpersonal violence it may be assumed that these fears are "real" and could lead to a sense of danger and

lack of safety for the children reporting them. In this regard, research has found that high levels of psychological distress are found in children exposed to violence (Shields et al., 2008; Osofsky, 2005). Further, children who have grown up in economically disadvantaged and dangerous communities have shown more distress than other children (Barbarin & Richter, 1999). The presence of violence and adversity, it seems, will clearly impact the wellbeing of a child, and as such, fears relating to dangers such as rape, assault and murder (as evidenced in this study) must have far reaching negative implications on the development of the child. Amongst these, research suggests that there has been a degree of normalization of crime and violence possibly due to desensitization of children (Burton, 2006a; Burton & Leoshut, 2013); a lack of opportunity for learning non-violent ways of solving problems (Ward, 2007); a progression of violence from victim to perpetrator (Sheilds et al., 2009); and a wide range of physical, mental and emotional injury (Barbardin et al., 2001; Jewkes et al., 2010; Ward et al., 2001). Seedat et al. (2009) also point out that exposure of children to neglect, abuse, rape and violence are risk factors for serious health problems including HIV, sexually transmitted infections, substance abuse and mental disorders. Further, adversity and violence affects not only the individual but also the family and the community as whole, and prevention should therefore be prioritized and as a national public health issue (Seedat et al., 2009). Taking this to another level, Barbarin et al. (2001) call for widespread economic transformation as the only way to ensure the success of prevention programmes.

Fear, it appears, cannot be divorced from adversity; and adversity cannot be divorced from the child's context and environment. Assessment of fears without recognition of a child's context will present only a small part of the picture. The importance of examining "multiple interactions among different contexts, such as family, schools, and neighborhoods" has been increasingly emphasized over recent years (Smetana et al., 2005, p. 256). This has been

found useful specifically also in looking at adolescent development as such a focus has shown the importance of considering differences in adolescent development resulting from variations in these different contexts (Smetana et al., 2005). Although children are unique and different, they are also part of a system and are as such subject to surrounding adversity. It is necessary then to explore all conditions that could lead to adversity and negatively impact the development of children or interfere with their daily functioning, whether in the form of fear, anxiety or stress.

Fear then, if it is to be conceptualized with the aim of ultimately improving the wellbeing of children cannot be narrowly viewed in terms of underlying dimensions such as those developed in normative fear studies using, in the main, fear survey schedules. These dimensions or fear clusters that have been developed over time (such as death and danger, social rejection, animals, medical treatment, psychic stress and fear of the unknown) have received much support in the literature and have contributed well to knowledge in this area (Gullone, 1999). However, “real” fears for children in adversity, appear in a South African context to require urgent attention and cannot be studied fully without conceptualizing fear more broadly to take into account the child’s actual family, school and community situation. Hobfoll’s (1998) conceptualization of stress in terms of valued resources, when related as in the present study to child fear, can be considered a necessary start to broadening the conceptualization of fear to include not only a child’s own traits and characteristics in relation to fear but also the child’s surrounding adversity.

6.4 The importance of a child perspective

It is now well recognized that understanding children should begin with listening to the voice of children and recognizing the child as a person with his or her own agency. In order to

empower children they need to be actively involved in research and should have the right to voice their opinions and be involved in decisions that affect them (Green & Hill, 2005). This study has offered a platform to hear directly from children what they are afraid of, but needs to go further. As it is clear that children are facing fears beyond the normal childhood fears and are not shielded from the dangers and violence present in their communities; they need to be empowered and should be part of the solutions in their communities. The inclusion of children, especially adolescents, in future research is strongly recommended. If nothing else, this study has proved the value and importance of listening to the voice of children, for it is impossible (surely?) to ignore a child who says: “am always scared” (Participant 307).

6.5 Is there anything that can be done?

Various researchers have found that child maltreatment and adversity is linked to neighbourhood conditions, community social organization and access to and control of resources (Coulton et al., 1995; Coulton et al., 2007; Ward, 2007). Poverty and violence appear to be key factors affecting child wellbeing within their communities (Barbarin & Richter, 1999). The central role that can be played by communities in protecting their children is therefore well recognized both internationally and locally (Barbarin & Richter, 1999; Garbarino, 1977; Krug et al., 2002). This, together with an awareness of the extent of fear children experience in relation to their communities as evidenced in the present study, is important for intervention planning relating to the wellbeing of the child. Prilleltensky et al. (2001) sum this up well in their submission that individual clinical interventions should draw on the strengths of the community and should be considered inseparable from community interventions. It appears that there is much to be done at this level.

6.6 Concluding summary

The relevant conclusions drawn from this study are summarized as follows:

- Children are scared in their communities and a majority of their fears relate to “real” fears concerning violence and danger.
- Assessment of child fears needs to take into account the context of the child and surrounding adversity.
- Conceptualisation of “fear” needs to be broadened to include this context if the overall aim is to improve the wellbeing of the child.
- Hoboll’s (1998) COR model as adapted in this study to explore and explain child fears appears to have heuristic value; but further research is required to confirm validity.
- Application of Hobfoll’s (1998) COR theory as applied to child fears and stress could also prove useful in a community setting; and understanding child “resources” would be important in bridging gaps between individual and community intervention work.
- An ecological approach across all domains (home, school, community) is recommended for understanding the complexity of children’s fears.
- Children need to be included in research that involves them and they, and their fears, can only be properly understood if they are heard.

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PLEASE ANSWER ALL QUESTIONS ON THE PAGE

1. How old are you: Are you male or female: ☐ Male ☐ Female
3. What grade are you in: 4. What is the name of your school:
5. What is your race group: Black ☐ White ☐ Coloured ☐ Asian ☐

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **AT HOME IN THE LAST YEAR**

5. What is the scariest or most upsetting thing that has happened to you **AT HOME** in the past year (describe what happened in the space below?)

6. How scared or upset did it make you feel (put an X in one box)?

Not at all ☐ A little ☐ Quite a lot ☐ Very ☐ Extremely ☐

7. What do you believe could happen, or what could anyone do, to make you feel safer at home?

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **AT SCHOOL IN THE LAST YEAR**

8. What is the scariest or most upsetting thing that has happened to you **AT SCHOOL** in the past year (describe what happened in the space below?)

9. How scared or upset did it make you feel (put a X in one box)?

Not at all ☐ A little ☐ Quite a lot ☐ Very ☐ Extremely ☐

10. What do you believe could happen, or what could anyone do, to make you feel safer at school?

THESE QUESTIONS ARE ABOUT THINGS THAT HAVE HAPPENED TO YOU **IN YOUR COMMUNITY IN THE LAST YEAR**

11. What is the scariest or most upsetting thing that has happened to you in your **neighbourhood or community** in the past year (describe what happened in the space below?)

12. How scared or upset did it make you feel (put a X in one box)?

Not at all ☐ A little ☐ Quite a lot ☐ Very ☐ Extremely ☐

13. What do you believe could happen, or what could anyone do, to make you feel safer in your neighbourhood or community?

INFORMATION SHEET

Research Title: Exploring children's fears and anxieties in the family, at school and in the community
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Dear Learner

We are doing a study to find out what children find scary and upsetting at home, at school and in the neighbourhood or community. The information we collect will be useful to understand how much fear children experience, and what they believe could happen or what anyone can do to make them feel safer. Your views will be very helpful to us. Here is the information you need to decide whether you will take part in the study:

- If you agree to take part in this study you will be asked to fill in a form with some short questions about what makes you feel scared or upset.
- The form is one page long and should take about 10 minutes to finish.
- There are no wrong or right answers.
- You will not be asked to put your name on the answer sheet so no-one will know what you have written.
- You will not be forced to give any information which you would rather keep private.
- You are free to stop taking part at any time.
- The teacher who hands out the questions will explain what you have to do and will answer any of your questions.
- Please make sure that you answer the questions as honestly as you can.
- The teacher will also give you the name of a person you can contact if you feel you want to talk to anyone privately after you have answered the questions.
- You can also contact the researchers if you have any questions about the study.
 - Project leader: Steven Collings (031 2602414)
 - University Research office: Phume Ximba (031-2603587)

If you would like to take part in the study, please sign the consent form and bring it back to your school. If you are under 18 years, please ask your parent/guardian to sign the form as well.

Thank you for taking part in this study.

INFORMED CONSENT FORM

I have been informed about the details of the study: Exploring children's fears and anxieties in the family, at school and in the community.

I have read and understood the written information about the study. I understand everything that has been explained to me and freely agree to take part in the study.

Signature: _____ **Date:** _____

If under the age of 18 -

I have been informed about the details of the study: Exploring children's fears and anxieties in the family, at school and in the community.

I have read and understood the written information about the study.

Signature/ Mark of thumbprint of parent or guardian: _____ **Date:** _____

INSTRUCTIONS TO TEACHERS FOR ADMINISTERING QUESTIONNAIRES

- Hand out one questionnaire to each learner in the class.
- Explain to learners that the questionnaire is designed to obtain an understanding of things that have made them feel scared or upset in the past year.
- Explain to learners that they will not be putting their name on the questionnaire, and that nobody will be able to know what they have said
- If learners have trouble understanding any part of the questionnaire, please explain to them (using the learner's home language if necessary) what the questionnaire is about.

INSTRUCTIONS FOR COMPLETING QUESTIONS 1 TO 4

- Ask learners to complete questions 1 to 4 [it might be useful to explain the questions using the learners home language if necessary]

INSTRUCTIONS FOR COMPLETING QUESTIONS 5 to 7

- Explain to learners that these questions relate to things that have happened at HOME in the past year.
- Before answering question 5, ask them to think about things that made them feel SCARED or UPSET at home.
- Once they have thought about it, ask them to write down the thing that made them feel most scared or upset at home in the space provided in question 5
- Then ask them to indicate how scared or upset they had felt by ticking one box provided in question 6.
- Finally ask them to indicate (in question 7) what they believe could happen, or what anyone could do, to make sure that they felt safer or less upset at home

INSTRUCTIONS FOR COMPLETING QUESTIONS 8 TO 13

Please use the same procedure used for questions 5 to 7 to answer questions 8 to 13. Please point out to learners that questions 8 to 10 relate to experiences at SCHOOL while questions 11 to 13 relate to experiences in the COMMUNITY.

Coding Sheet and Coding Strategy for Question on “Scary Events”

0 = says nothing/left blank
 T = translation
 99 = no sense/ cannot decipher

Code	Resource	Description
PRIMARY RESOURCES: Survival, Physical Integrity, Safety, Wellbeing		
1	Interpersonal trauma (direct exposure)	Being a victim of violence or threat of violence
2	Interpersonal trauma (vicarious exposure)	Witnessing or being aware of a specific incident of violence
3	Interpersonal trauma (ambient exposure)	Awareness of violence (that does not involve a specific incident)
4	Non-interpersonal trauma	Non-interpersonal threats to the individual's survival
5	Natural dangers	Fear of animals, lightening, loud noises, etc.
6	Imaginary / supernatural dangers	Fear of monsters, ghosts, spirit possession, etc.
7	Illness, pain and injury	Illness, painful or potentially painful experiences and accidents (including accidents that almost happen) to the participant
8	Theft	Taking of property that does not involve victim contact
9	Damage to material resources	Damage to property or the home
SECONDARY RESOURCES: Financial and Interpersonal		
10	Loss of financial resources	Poverty and unemployment
11	Death of significant others	Death of a family member or a known person
12	Loss and separation	Divorce of parents, separation from a significant other
13	The health of others	Illness or medical problems involving others
14	Family disputes	Fighting/disputes involving family members
15	Peer relationships	Problems involving the participants peers
16	Problems with authority figures	Interpersonal problems with teachers and authority figures
TERTIARY RESOURCES: Competence and Social Standing		
17	Achievement	Failure and under performance
18	Censure	Criticism, blame or punishment
19	Loss of social standing	Issues of respect and dignity

Adapted from: Collings & Gopal (2013)

Coding Sheet and Coding Strategy for Question on “Children’s Proposed Solutions”

0 = says nothing/left blank

T = translation

99 = no sense/ cannot decipher

Code	Description
AGENTS: person/ agent/ body	
1a	Community
1b	Police
1c	Family
1d	Government
1e	Peer support
1f	School authority
1g	Religion
1h	Self
1i	Unspecified other
SPECIFIC PROPOSALS: specific action required	
2a	Safety and security
2b	Health
2c	Policy
2d	Other (in response to specific problems)